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ABSTRACT

Seven articles focus on nonpublic schools as alternative providers in a service delivery system for handicapped children with particular emphasis on New York City programs. The first article, "Handicapped Education in New York State" by L. Grumet, concludes that a Special Master is needed to monitor New York City compliance, that restructuring of the funding system is necessary, and that private schools serve to develop unique and intense programs. The next article, "Non-Public Schools for Special Education in New York State--An Experiment in Alternative Education" by M. Rebell, looks at legal problems of nonpublic schools and supports greater cooperation between public and nonpublic schools. A historical perspective on the state of nonpublic special education in New York City is given in "A Tale of Two Schools Or Dancing through the Minefields Blindfolded" by M. Stiskin. The next article is by H. Marquit and is titled "Service Trends in the Developmental Disabilities in the 1980's." Marquit looks at changes in the field of developmental disabilities including service delivery patterns, legislation, relationships to other human services, resource allocations, and the potential to use nonpublic school resources. S. Broadley, a teacher in a nonpublic school, discusses in "The Challenge of Independence" how a nonpublic school can use its independence and flexibility to set standards and objectives for excellence in education, personnel training, and clinical supervision. The next article, by M. Bortner, is on "The Interdisciplinary Team as a Vehicle for In-Service Education." The final article is titled "Residential School as 'Treatment of Choice?'" (G. Burday). The author takes issue with views that see residential placement as the choice of last resort and claims that residential programming can provide more educational time, greater structure, and continuity/consistency of education and treatment. (DB)

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ISSUE TOPIC: Non-Public Schools As Alternative Providers In A Service Delivery System

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VIEWPOINT

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Much gratitude is offered here to *the Forum,* for providing this vehicle through which a long neglected and generally misunderstood topic is now being publicly and properly discussed. Many of us involved in non-public education have looked forward to the time when we could share our successes, explore our problems and admit our failures in an atmosphere of respect and collaboration. *The Forum* has enabled this opportunity.

Editing this issue made obligatory the search for those people who could write with sufficient knowledge and understanding of the subject, its importance, complexities and often controversial nature. A careful reading of the articles indicates that these authors have provided that necessary scope. They have written thoughtfully and well. The questions raised and opinions expressed furnish us with insights not only about non-public schools and their relationship to the handicapped, but even more importantly about the nature of a service delivery system that cries out for substantive change. My sincerest thanks goes to these people—for their time, their talents and their willingness to commit themselves to raising provocative questions without presuming to have answers—only some suggested possibilities for new beginnings.

There is clearly a preponderance of space in this issue devoted to problems in New York City. This is no accident. As a resident and provider of service here, I have chosen to concentrate, through requests to particular authors, on that geographic area with which I am most familiar. That New York also happens to be a city laden with educational problems is evident. We now have our Special Education system monitored, not only by the Department whose role that is, but by the Federal Court. We function in a system without a mechanism for encouraging internal reform. We put ourselves in a position to be judged not by those we serve, not by our peers, not even by our own ethics or standards, but by professionals outside of our field. And we in the education field and in New York City are not alone. It took the Willowbrook Consent Decree, another Federal Court order, to end an era of inhumanity. The Courts know about laws, not about education or habilitation.

Providers to the handicapped, whether through the Departments of Education, Mental Retardation and Developmental Disabilities or Mental Health are presumably still unable to oversee their own services. The ultimate goal that we establish for our clients is independence; the development of internal controls and skills that permit them to function without monitors. Isn't it time that we set the same goal for ourselves? Certainly we collectively possess enough vision, intelligence, concern and creativity so that needed and mandated services can be developed and maintained. What gets in the way?

In his article Mr. Grumet says the issue is not money, "it's know-how." I believe that. I believe we know *what* to do and that we knew *what*

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Handicapped Education in New York

Louis Grumet
Assistant Commissioner for Education
of Children with Handicapping Conditions

This article was edited from a plenary address by Louis Grumet at the New York State Conference on Educational Issues of Students with Visual Impairments. This conference was held Friday, April 6, 1979 at The New York Institute for the Education for the Blind, 999 Pelham Parkway, Bronx, New York.

We need to discuss why, when in 1975 and 1976 the Congress and the New York State Legislature said that every handicapped child should be treated like every other child, and have the same rights and privileges, we're entering the "80s" and that hasn't become a reality. It's easy to say that it's because there's not enough money. I don't believe that. We could always use more money, but last year the State of New York spent almost twice as much as the United States Government was spending nationwide. We are not doing this because of 94-142. We should make that clear. Ninety four-one hundred forty two had many good procedural due-process elements, but the substantive elements came from the New York State Legislature and from the Board of Regents. What we are trying to do is make them all work, and where they are silly, change them. Unfortunately, the basic problem with them is not money and it's not regulations, it's know-how. Those who drafted 94-142 and the New York version, Article 89 of the Education Law (Chap. 853), with its amendments, assumed that every handicapped child is similar to one who lives in Nassau County and is blind. In such a case if that child is not in the least restrictive environment in the appropriate placement, we know that his parents are going to the Independent hearing officer and the Commissioner of Education, and they're going to exercise their democratic powers to throw the school district against the wall and beat them up. And they probably are going to win. What we didn't know, and didn't adequately consider, was that the highest incidence of handicapping conditions is in our center cities, where the parents are often not well-informed and do not understand the nuances of these laws and regulations. Some of them can't read. Many parents have abandoned their children to the streets. In the great city of New York, with the School District that educated Europe as it came through, we have over 14,000 children on a waiting list for evaluation and placement. This is in total violation of Federal and State laws that are years old. The parents don't know how to use the system, and the system is almost structured against them. Practically every way in which we try to help, such as the Commissioner's Reilly-Reid Order, we wind up developing an upper middle-class solution to a lower middle and lower class problem.

Emotionally disturbed children create emotionally disturbed societies.

Growing numbers of children with handicapping conditions are emotionally disturbed. Until 2½ years ago the average profile of the murderer in New York, as in the nation at large, was a mid-twenties male under the influence of alcohol who ordinarily killed his wife, lover, parents, or child. Today, according to Division of Youth, it's a teenager usually involved in a felony murder, and worse yet, increasingly involved in an, "at random", murder. An "at randon" murder is committed by the kid who is so alientated that he stands on a railroad trestle and shoots at passers-by. The Legislature has given us two options to deal with those children. One is to identify them early when their problems are nascent, and to treat them to the best that special education and psychological services have to offer. The other is to wait until they do something and put them in jail for life. A New York State Assemblyman indicated to me that it's us who ought to go to jail because we failed that child. When he had a visual, hearing or language problem and he was young we failed him. When it was learning disability as he got older we failed him again. And by the time he had what we call, "emotional overlays", if he lived in Westchester, "emotional disturbance" if he lived in New York or Buffalo, and a "bad kid", if he lived in Harlem or El Barrio, we tried desperately to get to a stage where we could throw him out of school if he hadn't already left himself. Now he may spend the rest of his life in jail for crimes that we committed. I tell you that very seriously because that's when 94-142 isn't working. If we don't give emotionally disturbed children the education they deserve, they'll give us the society we deserve.

When we sit in this great city, and we know about the waiting list, we ought to ask ourselves, is the difference between New York's waiting list and Buf-

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falo's the fact that New York was stupid enough to put it on paper? We have done city-wide surveys in Buffalo and Yonkers and we find them better than New York in some respects and worse than New York in others. Sixty percent of our handicapped children are in those three cities. If we can't help them, we can't help anyone. If the only ones we're going to help are those who can afford to have been helped without us, if indeed 94-142 is, "the edudcation of the rich and powerfully connected handicapped children Act", then yes we have failed. We cannot have a due process procedure which does not work on the corner of Lenox Ave. and 123rd Street. We're throwing away generations of those children. A law which works only in Westchester, Long Island, Tonawanda or Delmar isn't good enough.

This system grew like Topsy and without thought. Children are often treated differently based on their geographical location or on their handicap. It doesn't make any sense. We are desperately trying to come up with a plan that was mandated by the Legislature and could bring about another revolution. That plan would shift medical-model categorization to educational categories that are based on services needed by the children. Our financial resources would shift in that same direction. Right now we are seeing children mislabeled for financial reasons.

We are seeing, as of last year's figures, that the number two or three handicapping condition below the Tappan Zee Bridge was emotional disturbance. It was virtually non-existent in up-state New York. The number three handicapping condition in up-state New York was learning disability, which was non-existent in New York City. We should stop labelling children to get special services funding. We should stop labelling children who were truly emotionally disturbed as learning disabled, so that parents and children won't have to face the stigma. Indeed, nobody should have to face that stigma.

If you have ever read the New York State definition for emotional disturbance it indicates that a child who is emotionally disturbed is a child who someone thinks has an emotional disturbance. It doesn't say anything about anybody. If you don't think that's serious, read the Lora case,[1] where Judge Weinstein in Federal District Court indicated that in the great city of New York, black emotionally disturbed children go to schools which change their names every year to improve their image. They were the *SMED* Schools, *the Six Hundred Schools* or *Emotionally Handicapped Schools,* in varying points in their lives. And by the way, they aren't bad schools, but they are minority schools, and I think we'd better say that nakedly; they are minority schools, 99 percent. The same child in the same school district who happends to have a different color skin goes to a private school. That's no way to make a distinction, and has been ruled illegal by Judge Weinstein. We shouldn't need courts to tell us that.

Special Master needed to monitor New York City

We are in court right now with two cases that may be the biggest in the nation. The case of Jose P. [2] and the case of United Cerebral Palsy,[3] are virtually identical. For the first time we have figures as to how far out of compliance the city is regarding the regulations and the law. We went into New York and said, "Hey guys, you're not up to snuff, there are laws and regulations and you'd better start following them." Now we have two plantiffs who are suing us and saying, "Why are you out of compliance? Let's get a special master." Do you know what a special master is? In bankruptcy proceedings, when someone is incompetent, they appoint a special master to take over their proceedings. I have many philosophical problems with this. Judge Nickerson has named a Special Master to evaluate and monitor New York City's Special Education Programs. That means we failed, that means as tough as the State has been, they don't trust us. They don't think we have what it takes to make the city do what it needs to do. That's a guilt that I bear, the State bears, the city bears, we all bear. If we prove that we are not capable of handling children with handicapping conditions, if we can't even get them into programs, make sure those programs have qualified teachers, the right classroom size, the right age ranges and the right IQ ranges, (which are supposed to be minimal), then indeed all other matters are irrelevant and immaterial. We are leaving thousands of children unserved that we haven't even found. And we are under-serving many children we have found, because we don't know how to serve them or we don't know how to take our knowledge and turn it into reality.

Restructure of funding system Necessary

We're working on the re-classification project because we believe it might get to the root of some of this, not all of it. It won't get to the racial and class problems I mentioned, but. . .it's about time we restructure our fiscal system in some meaningful way, so that categories by which we fund are the categories by which we serve, not the categories by which we identify. Our funding sources pay double weighting for certain physical handicapping conditions: blind, deaf, orthopedically impaired and emotional disturbed. We can't do that anymore unless we know the actual costs. Some blind children cost peanuts, others cost 20-30 thousand dollars and that's the same with all handicapped children. Once we establish that a handicapping condition exists, and through the COH and the IEP identify the services needed, we should be able to pay the school district on the basis of the *program,* not on the basis of the handicap. After these past few years have gone by we must stop telling the legislature "We don't know how much it cost." It's too late to say that. The legislature has said rather articulously, "We're willing to give money, we're willing to give more money. We've gone from a very small base to 800 million dollars in the past four to five years and we're willing to go more. We want to know that the money is being spent on services for those children." They gave us until November 1st to come in with a plan to

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redo the funding mechanism and the program mechanism, so that funding will no longer be a reason for placement. The school district will be paid, (in the best of all possible worlds and the best of all fiscal conditions), the amount of money it takes to serve a child with a handicapping condition, whether or not the child is being served in a public or private setting. Those decisions should not be made on fiscal considerations, they should be made on a child's need.

Right now I have staff in five districts across the state taking the existing I.E.P.s and re-doing them *theoretically* based on this re-categorization plan and we will see what happens. We're not using the children as guinea pigs here. We will then, this summer, be learning something we never learned before in this state or even the country, and that is, what does it really cost. It's time we tell the legislature what it cost, (I suspect, by the way, it's costing less than we think), and once we can prove what it cost, and that the money would actually go for services, I have fullest confidence, that we can make a very fine case. The New York State Legislature is sympathetic to these programs. They just want to make sure they are not ripped off.

Private schools necessary to develop unique and intense programs.

One of the things we have done this year to increase their confidence has been to engage in monitoring that has not been done before. Basically the first priority of our office is to monitor, and to monitor two categories of children, those with severest disabilities, who we define as those being in non-public or private schools at public expense, because presumable that's why they're there. They should be getting the best education possible. We've also been monitoring the cities of New York, Yonkers, Buffalo and other areas to see what we could learn. We have seen programs this year where one half of our children are. I'm very proud of that. We have seen all 265 of the private schools, not including the schools for the deaf (4201). We have found some of the best schools in the nation. New York has some magnificent private schools. We also send some of our children to some magnificent private schools out of state. The rumors that I am against all out-of-state placement is not true; I'm against bad out-of-state placement. I'm against out-of-state placements where children are kept in conditions which would be illegal if they were in the State of New York. We found monkey cages in one school, children with bruises and blood sores in another, and in a third, an isolation program for emotionally disturbed children of up to 21 days. If that didn't sink in, let me say it again, an isolation program for up to 21 days. You cannot have a three time murderer in Attica in isolation for 21 days without a judge's order. We can't say any longer, "I don't know, we haven't seen it," which is what we were saying up to a year ago. Nor by the way, are we saying anymore that if you're rich enough you can go to a private school for the moderately learning impaired on public expense. I would say basically that is not the least restricting environment and we are not permitting any further funding of new schools for that population. We have moderately learning impaired children in private residential facilities a thousand miles away. There are superlative schools, marvelous schools, where parents certainly have the option of putting their children, but not under the guise of being handicapped. If those children are really emotionally disturbed, as some of them allegedly are, then they are not getting the services they need. And if they are really moderately impaired or less, then they ought to be in a resource room setting in the public sector where they can learn how to deal with the rest of society and not sheltered in Cape Cod in some residential placement.

We have removed 32 schools from our approved list because of programmatic and fiscal abuses. What we're trying to do desperately is show that we, the educational system, can weed them out ourselves. In that way, we won't drag down with them the great schools that exist, both private and public within the state of New York. I don't want this program turning into a public image of a rip-off program. There are enough people who worry about the cost of it when the cost is legitimate. If education cannot take its responsibilities seriously enough to make sure that we don't have abuses in the name of the handicapped, that we don't have burnable buildings in the name of the handicapped, that we don't have a situation where half of the faculty's highest educational attainment is high school equivalency, if all we're doing is getting the kids out of sight, then we can't do it ourselves. Believe me if that is true, a special prosecutor will do it for us. I don't believe we need one. I believe we've shown that we can protect the reputation of good private schools. More important we can protect the taxpayer and still more important we can protect the children. We will be able to say that when a child goes into a private school because he needs it he will be getting a good education. Thousands of children in the city and in the state need private education because the public sector just can't develop the type of unique and intense programs these particular children need. We need to be able to say to those parents, to that school district and to that child, "This is good education".

Competency exams and I.E.P.s to be taken very seriously.

We haven't gotten the bulk of our children ready, early and intensively to move out into the world. There's a Regents Competency Examination to take effect, which is tough. We are going to be discovering the truth of what I just said. Regent Clark indicated that giving a child a piece of paper which implies that he received something that he did not, is not helping that child. That is something we have to come to grips with. The Regents gave the handicapped population many different ways to take those exams. For example, the Regents now allow readers for the reading test for a child whose I.E.P. states explicitely that the child needs a specific modification and examination method *and* has always needed it. I

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Non-Public Schools For Special Education in New York State: An Experiment in Alternative Education

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Among the numerous explanations for New York City's continuing waiting lists of thousands of unserved handicapped children filed with the State Commissioner of Education in the past few years, one was particularly noteworthy. Dr. Helen Feulner former Executive Director of the Division of Special Education and Pupil Personnel Services, stated in a report dated February, 1978, that according to Guidelines of the State Education Department, each local committee on the handicapped ("COH") should operate with a maximum caseload of 150-200 students in order to provide the degree of efficiency and attention to individual needs contemplated by the law. Given the massive numbers of handicapped students in New York City, such a caseload allocation would necessitate the establishment of approximately 265 COH's.

Dr. Feulner did not express this point in order to indicate that New York City was in fact attempting to establish 265 committees; on the contrary, her report set forth a goal of expanding the numbers of committees from 14 to 26 (presently there are 32, with no indications of plans for further expansion). Rather, the point seems to have been noted in order to garner sympathy for New York City's unique problems and to convince the Commissioner that New York City could not be expected to implement procedures (and achieve results) similar to those which were required for smaller, upstate districts.

Dr. Feulner's statements underscore a major issue with which educational reformers have grappled for the past two decades: how can a large urban school system be structured to provide individualized, equal educational opportunities for the hundreds of thousands of children under its jurisdiction? Educational researchers seem to agree that effective education, especially education that can meet the needs of massive numbers of disadvantaged students, can only be achieved if adminstrators at the individual school level, i.e. principals, are permitted to operate in an atmosphere of flexibility and creativity.[1] But the detailed contractual requirements and bureaucratic regulations of a large city school district seem incompatible with such a pattern.

The two major school governance reform trends of the past decade, decentralization and the alternative school movement, both represent attempts to deal with this fundamental problem. At the height of the decentralization movement in the late 1960's, its advocates anticipated that shifting the thrust of decision-making authority to the local community level would promote parental involvement, and educational diversity and innovation. The assumption was that New York City school districts would operate much like the smaller local districts upstate. Whether, in the absence of overriding political and ethnic confrontations, school decentralization could have achieved such results is now largely a moot issue. The New York Community School System Bill, even as it was enacted by the Legislature in 1969, was already a heavily compromised document; in the years since its implementation, most areas of independent authority which supporters of decentralization thought had remained even in the compromised legislation have, in fact, been interpreted and implemented by the central board of education in such a way as to maintain almost all substantial authority in the central authorities.[2] Although a number of noteworthy local innovations have been achieved by several of the community school boards, by and large, decentralization has not achieved the goals set by its advocates and present day cynics state that the Decentralization Law has merely added another layer of bureaucracy to the overbearing adminstrative structure in the City.

The second branch of the school governance reform movement of the past decade is the alternative school concept. Most well known in this regard are the various "educational vouchers" proposals.[3] Under the voucher scheme, parents would be granted a warrant to purchase educational services of their choice from any available public or private school. The voucer concept constitutes an interesting amalgam of libertarian free enterprise economics and radical educational reform, hypothesizing that public funding of parental school choices would both promote the development of innovative new private programs and provide competitive benchmarks for improvement in public school offerings. A related variation on this theme in urban areas has been the appearance of a number of "street academies" which, through a combination of private and public funding, have offered alternative educational options for a population composed largely of school dropouts.

Although educational vouchers were widely touted in the educational and legal literature of the early

1970's, few meaningful attempts to implement the concept were actually undertaken by its supporters. The federal Office of Economic Opportunity provided funds for a limited number of demonstration projects, such as the experiment in Alum Rock, California, but these attempts were limited in scope (the California demonstration permitted limited options within the public school system, but did not allow the purchase of services in private institutions), and contemporary discussions of the idea remain largely theoretical. However, without attracting much notice from the voucher theoreticians, and without the receipt of demonstration project funding from the federal government, the non-public schools serving handicapped students in New York State have, in fact, implemented the most broad-based, effectively functioning voucher experiment in the history of the United States. Because of the inability of the New York City school system to provide appropriate educational services for thousands of handicapped children, in recent years, numerous parents have been authorized to enroll their children in non-public institutions of their choice, with the board of education providing the funding for tuition and related services.

Since New York's special education voucher experiment developed naturally in response to immediate pressing needs, rather than as a controlled experiment devised by the research community, little systematic analysis of its functioning and its achievements had been undertaken. From my experience in working with hundreds of parents of handicapped children over the course of the past five years, I believe it is clear that those parents (from all ethnic groups) who have been given an opportunity to express a preference, overwhelmingly "voted with their feet" to send their children to non-public institutions.[4] Furthermore, I believe it can be demonstrated that many of the initial fears of critics of the voucher plan, that racial segregation or educational "huckstering" would ensue, have been shown to have been groundless, at least in this context. The ratio of minority students in most non-public institutions in New York City is substantial (on average approximatly 50%); and although, as with any large scale social movement, examples of poor programs can at times be found, all existing programs have been closely evaluated and approved by the State Education Department and many, if not most, exceed the general calibre of programming in the public sector. On one critical point, clear comparative statistical information is available: all concerned have consistently conceded that the cost of providing comparable services in non-public institutions is substantially less than the cost in analagous public programs. For example, the New York City Comptroller's Office, in a report dated May 22, 1978, indicated that the average cost for day school programs for the severely handicapped in the non-public sector during the base year 1975-76 was $4,730, compared with an average cost of $6,196, for public programs. Similar statistics have been published by the New York City Board of Education itself.[5]

Unfortunately, at the very time that the achievements of New York's special education voucher experiment have begun to become apparent, major pressures have begun to impede its functioning. The regulatory pendulum, which five or six years ago was fixed in the direction of almost total neglect, has now decidedly swung in the direction of overbearing, omnipresent control which threatens to stifle incentives for further development in the non-public sector and to turn existing institutions into carbon copies of public programs. A brief discussion of the history of the emergence of the public funding system in New York is necessary to place these trends in proper prospective.

When the educational rights of the handicapped children first began to be enforced by the federal courts at the beginning of the present decade, neither the State nor the City of New York had in place a coordinated plan for meeting the rapidly expanding need for services. In the absence of available public school programs, hundreds, and ultimately thousands, of parents of handicapped children sought access to non-public programs which had been established or were rapidly being established to meet the needs. A provision of the State Education Law, which had long been on the books, authorized local school districts, including the New York City Board of Education, to enter into contracts with such non-public institutions.[6] But the New York Board of Education took no steps to implement such a contractual mechanism.

Consequently, astute legal services attorneys took advantage of a little known provision in the Family Court Act which empowered the Family Court Judges to enter an order guaranteeing appropriate education for handicapped children by requiring the City and the State to pay their tuition costs at non-public schools.[7] Once the word got out that such Family Court orders were available, hundreds of parents began to undertake the burdensome procedure of filing petitions with the Family Court to obtain them. The *ad hoc* manner in which this Family Court funding mechanism originated, and the fact that orders were being issued by dozens of judges throughout the State who obviously did not profess to be familiar with educational programming matters, meant that a rapid expansion of the non-public sector was being promoted without any serious provision for planning, coordination or reasonable regulation of costs and programs.

Clearly, this cumbersome Family Court funding mechanism had to be reformed. As part of his decision in the *Riley Reid* case* in November, 1973, the State Commissioner of Education, Ewald Nyquist, therefore, ordered the New York City Board of Education to immediately provide appropriate programs for all eligible handicapped children on the City's lengthy waiting list or to implement a contractual mechanism to pay private school tuition costs for those children whom the public sector could not serve. As a result, beginning in 1974, the New York City Board of Education entered into contracts with the non-public institutions and the Family Court mechanism began

to be superseded. (In 1976, the Legislature totally abolished that Family Court procedure except for pre-school and summer programs (L. 1976, ch. 853).

The emergency of the contractual funding mechanism offered an obvious vehicle for coordination and planning between the public and private sectors in order to maximize the availability of appropriate services for all handicapped children in New York City. Since large (and, in fact expanded) waiting lists of unserved children continued in New York City long after the Commissioner's *Riley Reid* order, one might have anticipated that a master plan would have been developed to promote the functioning and expansion of the private sector as a complement to available public school programs, to meet the on-going pressing need. Unfortunately, however, an adversarial, confrontational atmosphere quickly developed. The public school authorities made clear during the contract negotiations that they perceived the non-public sector as competitors and antagonists whose existence would be tolerated only so long as absolutely necessary. Whereas a comprehensive planning approach might have been sought to strengthen existing private school programs while channeling available public resources into new areas of need, in fact, much of the emphasis in placement and program planning within the public sector in recent years seems to have taken place in precisely those areas where needs were already being adequately met by the non-public sector.

Probably the most graphic illustration of these competitive trends was provided by the long history of the *Kelly* litigation.[8] In the fall of 1975, at the time when the impact of New York City's fiscal crisis first began to be felt, more than a thousand handicapped children on public school waiting lists were notified by the Board of Education that no services would be available to them at the beginning of the new school term; furthermore these individuals were told that even if facilities were available in private institutions, contracts would not be entered into to permit them to attend these institutions. The law was, of course, clear at this time that handicapped children were entitled to the immediate provision of appropriate educational services, and could not be expected to wait at home for several weeks, or months until facilities were made available. The burden of fiscal constraints could not disproportionately be placed upon the handicapped.[9]

Consequently, most of these students enrolled in non-public programs which were then available, or which non-public institutions established to meet the pressing need, even though they knew there was a risk of ultimate non-payment. The issue of their right to attend these institutions at public expense, was quickly brought to the New York State Supreme Court in the form of a class action suit, i.e., *Kelly v. Board of Education.* In response to plaintiffs' request for an order from the Court mandating the Board of Education to pay the tuition costs for these students at the non-public institutions at which they had been enrolled, the Board of Education responded by saying that it now had a plan to begin phasing these children into newly-created public school programs beginning in early November.[10]

Justice Irving Kirschenbaum, to whom the case had been assigned, criticized the hastily devised nature of the Board's transfer plan and issued a temporary injunction requiring the board to maintain the children in their present non-public school placements, at the board's expense. It was than agreed that the educational issues in the case would be transferred to the Commissioner of Education under his quasi-judicial authority under Ed. Law S310. After analyzing the situation, the Commissioner issued a decision which stated that the appropriateness of the transfer assignments were "questionable," and that in any event it would not serve the educational interests of the children involved to consider transferring them in mid-year. Consequently, Justic Kirschenbaum's temporary order was continued in effect for the balance of the school year. The Commissioner's order also indicated that the Board of Education would, of course, retain the legal authority to recommend transfer of some or all of these children to public school programs for the following school year, provided that newly-promulgated due process procedures were provided to the parents.

Although about 10% of the students in the *Kelly* class accepted transfer offers to public school programs for the next fall, the vast majority, many of whom had experienced repeated improper placement problems over the years, evidenced a strong preference to remain in their present non-public school, which they believed met their needs. Because it was known that long waiting lists of unserved children continued in effect, there was some hope that the Board would agree to leave in place those children whose needs were adequately being met in the non-public sector and would concentrate their referrals for newly-available public programs on those waiting list students whose needs remained unmet. The Board of Education, however, quickly made clear that transfer of the *Kelly* children for the next fall was to be one of its highest priorities.

As attorney for the *Kelly* case, I must, in all candor, admit that at this point our firm felt compelled to fully utilize all the adversarial, legal techniques available to us to protect our clients' stated interest to remain in their present placements and to challenge the Board's transfer attempts. Thus, we indicated that if the Board insisted on maintaining its transfer plan against the parents' desires, we would insist on obtaining all the technical due process rights to which our clients were entitled. At the time, we doubted that the Board would actually consider undertaking the elaborate and expensive due process procedures, which would involve holding hundreds of lengthy individual administrative hearings, in the face of our clear determination. Our expectations, however, proved wrong. The Board announced that if we insisted upon full due process rights for these hundreds of individuals, they would meet the challenge and devote whatever resources were necessary to provide

all the due process procedures mandated by law.

I will not attempt here to give a detailed account of the protracted litigation history that ensued for the next two years for the beleagured members of the *Kelly* class. Suffice it to say, that during the summer of 1976, the Board undertook complex notification procedures and scheduled hundreds of individual due process hearings for the members of the *Kelly* class. However, because of the newness of the procedural requirements and the pressures under which the Board was operating, a number of significant procedural errors were committed in the early stages of the proceeding. As a consequence, we were able to obtain stays of the hearings throughout most of the Summer of 1976, and the hearings could not commence until late August, at which time the Board agreed to discontinue the hearings because it would be impossible to transfer the students for the 1976 term. Thus, after a summer of intense legal confrontation, painful pressure and uncertainty on the parents, and a conceded expenditure of over a quarter of a million dollars in direct costs and personnel time commitments,[11] the board's priority plan to transfer the *Kelly* students had been completely stymied.

By the summer of 1977, the Board had rectified its previous procedural shortcomings and now was fully prepared to hold hundreds of individual due process hearings to achieve their goal of finally transferring the *Kelly* class students for the fall of 1977. Local committees on the handicapped were notified that preparation of files of *Kelly* children and attendance at *Kelly* hearings by committee psychologists was to be the first priority again that summer. Throughout that summer, hearings were in fact held—at an incredible rate of 6 per day, with further appeals to the Board of Education and the State Commissioner of Education proceeding in regular order for those cases in which the parents did not initially prevail.[12] Although precise figures are not available, it would seem reasonable to estimate that the costs to the Board of Education for this enormous undertaking in terms of direct cash outlays and time commitments of psychologists, lawyers, hearing of officers, etc. must have approached or exceeded $1 million.

Although the Board's technical legal right to compel the parents to undergo this ordeal could not be denied, the actual policy purpose of this enormous undertaking was far from clear. In addition to the previously stated point that thousands of unserved children clearly were in greater need of whatever resources the board had available, it was also known that none of the Kelly children would, in fact, be placed in public programs against their will for the fall of 1977, because even those who lost their hearings were entitled as a matter of law[13] to remain in their private school placements for the next school year, while further appeals to the State Commissioner and the Courts continued. In fact, however, such continued appeals proved not to be necessary, since in early September, 1977, the Commissioner ruled that so long as waiting lists of unserved children remained in existence, he would not permit any members of the *Kelly* class, whether or not they had prevailed at hearings, to be moved from their non-public school placements, unless the board could demonstrate that those placements were clearly inappropriate for their needs.

As the attorney for the petitioners in the *Kelly* litigation, I realize that my view of the Board's motives and policies is affected by an adversarial perspective. I also am aware of the fact that once the matter had become fully embroiled in a confrontational legal context, the case took on a life of its own. Undoubtedly, the tenacity of our response, and our initial success in taking advantage of technical procedural violations triggered a strong adversarial response from the other camp. But the larger issue which still remains is why educational issues of this sort are permitted in the first place to enter the adversarial legal arena. Once the *Kelly* issues were brought before the Courts, perhaps it was inevitable that a protracted, confrontational history would ensue. But, if a harmonious working relationship between the private and public sectors had been implemented at the outset of the contracting process in 1974, such resort to the courts would not have been necessary.

Unfortunately, such a harmonious working relationship has, in fact, never been established. It is astounding to realize, for example, that even though signed contracts with the New York City Board of Education containing established payment schedules have been in effect for the past four years, on almost an annual basis, the Organization to Assure Services for Exceptional Students, the association with which many of the non-public institutions in New York City are affiliated, has been compelled to obtain court orders to mandate prompt payments, after cash flow lags of four to six months had brought many of the schools to the brink of bankruptcy. A further example of a lack of prior consultation and coordination resulting in confrontational litigation is provided by the transportation case of 1977[14] In the fall of that year, the Board of Education unilaterally imposed on a handful of private schools burdensome transportation schedules which called for their students to attend school from 10-4 instead of the normal 8:30-2:30 schedule, because of cost savings that might be achieved by the board in double utilization of their buses. It was never made clear why a few private, rather than any of the hundreds of public school programs, were chosen for this experiment in cost savings; nor was any justification ever provided for the lack of prior consultation that might have led to a mutual effort to devise transportation changes that could achieve cost savings with lesser detrimental impact on educational programming for the particular schools involved.

The legal problems experienced by the non-public schools in their relationship with the New York City Board of Education, which have deflected attention and resources from substantive educational concerns over the past few years, are also being exacerbated at the present time by a marked shift toward overbearing regulation by the state authorities. As

indicated above, in the early years of the expansion of the non-public sector and the *ad hoc* creation of the Family Court funding court mechanism, new private programs were initiated, with almost no control or public supervision of the quality of programming or justification of cost levels. Under such circumstances, inevitably some abuses developed. When the state authorities began to closely examine specific programs and individual school financial records, a number of programmatic inadequacies and financial irregularities were uncovered, and in some cases, offending schools were actually closed down. However, the remarkable fact that emerged from this experience was that, despite a previous total lack of control or regulation, most of the non-public schools were shown to be operating programs of high quality, at relatively low cost levels.

Undoubtedly, a permanent mechanism for state supervision of programs and costs at non-public institutions is both necessary and desirable. However, in reaction to the few highly publicized cases of abuse uncovered in the past two years, the state authorities appear to have decided that nothing less than full adherence to almost every major programmatic requirement for the operation of public school programs, and stringent auditing rules calling for justification of virtually every dollar spent, should be required of the non-public schools. Such requirements have, in fact, been written into the Commissioner's Regulations and budgetary guidelines.[15] Such an approach is clearly inconsistent with the premise of a viable alternative school model, i.e. the encouragement of diversity and innovation which would provide additional resources, and programmatic models that would serve as a necessary complement to the public sector. A general regulatory standard which would require non-public schools to provide programs "substantially equivalent" to public school standards, and which allows flexible budgetary arrangements so long as costs are at or below the level for comparable public school programs, would appear to strike a reasonable balance between the operational needs of the non-public sector and the supervisory responsibilities of the state and the city authorities. Such in fact are the basic standards incorporated in the original voucher experiment models.

At the present time, both at 110 Livingston Street and in Albany, a corps of new administrators has taken on the gravel of responsibility for special education programs. Perhaps, the time is now ripe for a reassessment of the role of the non-public sector in the difficult task of providing truly appropriate educational opportunities for all handicapped children. The city and state authorities are currently attempting to implement an ambitious plan to finally clear the ever present waiting lists of unserved children, which in the fall of 1978 had reached the incredible figure of almost 14,000. Clearly the non-public schools are a critical resource which should be fully incorporated into this endeavor. But cooperation in tackling the immediate waiting list problem should not be the final goal. The non-public schools should not be seen only as an expedient mechanism to temporarily accommodate students until such times as the public school system can be expanded to incorporate them; rather, these schools should be viewed as a permanent alternative mechanism that potentially can provide critically important experimental options and insights for a large urban school system which seeks to provide fully appropriate educational opportunities for all of its students who are in need of special education services—and, indeed, for all of its students in general.

1 See, e.g. S. Sarasin, *The Culture of the School* (1971).

2 For an early analysis of these trends see M. Rebell, "New York's School Decentralization Law: Two and a Half Years Later" 2 Journal of Law and Education 1 (1973). Although advocates of decentralization scored some impressive early victories in the Courts (See *e.g.* Community School Board, District 3 v. Board of Education 66 Misc. 2d 739 (S. Ct., N.Y. Co., 1971), aff'd 38 A.D. 2d 1932 (1st Dept. 1972) (Title I powers), Community School Board, District 2 v. Lindsay, 71 Misc. 2d 85 (S. Ct., N.Y. Co., 1972) (School lunch powers), the decision of the State Court of Appeals in the shortened school day case (N.Y.C. School Boards Association v. Board of Education, 39 N.Y. 2d 111 (1976) interpreted the law as vesting broad, superseding policy powers in the central board.

3 See, *e.g.*, J. Coons, W. Clune, S. Sugerman, Private Wealth and Public Education (1970), Center for Public Policy, "Education Vouchers" (1970), J. Coons and S. Sugarman *Education by Choice: The Case For Family Control* (1978). See also I. Illich, DeSchooling Society (1970).

4 Note on this point Judge Weinstein's findings concerning the eagerness of parents of emotionally handicapped children who are apprised of a possible "voucher option" to aggressively seek authorization to enroll their children in the non-public schools, Lora v. Board of Education 456 F. Supp. 1211 E.D., N.Y., (1978).

5 See, *e.g.*, Office of the Deputy Chancellor, "The Cost of Educating Handicapped Pupils in New York City" (Jan., 1977), p. 59.

6 Former N.Y. Ed Law S4404.2.b.

7 Former N.Y. Fam. Ct. Act S232.

13 Ed. Dept's Rep. 117.

8 Kathy Kelly, et al. v. Board of Education, S. Ct., N.Y. Co., October 17, 1975 (Civ. No. 17700/75), Matter of Kelly 15 Ed. Dep't. Rep. 427 (1976).

9 See e.g. Mills v. Board of Education 348 F. Supp. 866 (D.D.C., 1972).

10 Many of these newly-available public school placements opportunity resulted from a temporary variance to increase class sizes above normal mandated levels, issued by the State Commissioner at the Board's request.

11 Statement of Michael Rosen, Counsel to the Chancellor at oral hearing before the Commissioner of Education in Matter of Michael A., et al., 17 Ed Dep't Rep._(1976).

12 As a matter of law, the parents could not prevail if the Board made a showing of the availability of an appropriate public placement. The relative appropriateness of the non-public placement, or the detrimnetal impact of the transfer on the individual child were generally not considered "relevant" legal facts.

13 N.Y. Ed. Law S4404.1.

14 Matter of Mitchell C., 60 A.D. 2d 841 (2d Dept., 1978).

15 See, *e.g.*, Comm. Regs. SS200.9,10 "Standards for Activities Reimbursable for State Aid Purposes (S.E.D., September, 1978).

A Tale Of Two Schools Or Dancing Through The Minefields Blindfolded

A historical perspective on the state of the non-public special education sector in New York City, and modest proposals for the future.

By: Mayer A. Stiskin
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Having served as the President of O.A.S.E.S.[1] since its inception five years ago, I have had the rather unique opportunity (and often misfortune) to gauge the impact of rapidly changing State and Federal Laws, Court decisions, public expectations, and legislative attitudes upon the non-public sector. As the Executive Director of schools providing both day and residential services, I have personally experienced the impact of these changes on both types of operations.

Beginning with the decision of the Commissioner of Education in the Riley Reid case in 1974, education in the non-public sector has been in a state of constant turmoil. It may be recalled that prior to that decision, those handicapped children for whom public school placement was unavailable or inappropriate were placed in non-public facilities and funded under Education Law 4407 which provided a direct State grant for each child. The Riley Reid decision in effect returned responsibility for the education of the handicapped child in a non-public setting to the local education agency. While such a change in emphasis was long overdue, most LEAs throughout the State (and particularly New York City) were unprepared to accept the responsibility and the challenge. When in August of 1975, Chapter 853 and the Commissioner's Regulations placed the responsibility for the education of the handicapped squarely on the shoulders of LEAs, no mechanisms were in place to assist in the transfer of responsibility. As what would come to be a hallmark epitomizing the soon-to-ensure chaos, the new Chapter 853 was passed by the Legislature in August with a retroactive date of the previous July 1st. Thus, when schools opened in September of that year, no one in the education establishment, including the very highest officials in the New York City Board of Education as well as the State Education Department, had any idea of how to proceed in order to assure the continuity of services to children in the non-public settings.

It readily became apparent that either the schools and agencies comprising the non-public sector would have to take drastic steps to secure their survival and the continuation of programming for seriously handicapped children, or the efforts of years of labor in constructing alternative programs would be washed away. Over the next several years we were to find ourselves, (unfortunately), in an adversary relationship with the New York City Board of Education and the State Education Department to the detriment of all involved. What was needed at that time was an atmosphere of understanding and cooperation. Instead, we faced hostility and suspicion as well as a highly irrational fear of "competition". The non-public sector historically has viewed itself as an adjunct to the public schools and is certainly in no position to usurp the role of public education in this State or Nation. Regretably, we have encountered many public education officials who seemed to feel that our very existence as an alternative service was a direct threat to the appropriate functioning of the public sector. Therefore, instead of being viewed as an ancillary and supportive service, we were seen as a threat. As the most qualified analyst will tell you, it is extremely difficult to deal with paranoia in any rational way, but this too, somehow became our responsibility and indeed a necessity if we were to survive.

The situation in which we found ourselves was so unusual, that even at this time, one must strain to find appropriate ways of describing it. It was as if we were playing in the 3rd or 4th inning of a World Series game and suddenly told that all rules and regulations had been suspended; that we were to continue to play the game through 9 innings, but throughout the game and even after its conclusion, we might be told retroactively that runs we had scored had been magically turned into errors. Consequently, a winner might also be a loser. Fox example, new State laws gave the State Education Department the responsibility of setting rates for the first time for all non-public special facilities contracting with either State or local education agencies. Although S.E.D. was given authority by the Legislature to set rates, the department had no guidelines in place as to what constituted appropriate expenditures. It also did not have any method of evaluating either the quality of services being delivered or the services required given the nature of the handicapped population. While the Education Department struggled over the next year to

come up with a viable system, the non-public schools were expected to continue to provide services to the children in their care, to meet payrolls, to purchase and pay for supplies, etc. Schools operating on budgets that were put into place several months prior to the passage of the new law had no way of knowing whether or not expenditures would be disallowed after they had already been incurred. Administrators were expected to somehow provide for the fiscal integrity of their programs while at the same time realized that their necks would be laid bare to the guillotine should a bureaucrat decide in retrospect that particular expenditures were inappropriate or "unneccessary". In the overwhelming majority of cases tuition rates for the 75/76 school year were not set until May or June after at least 80% of a school's budget had been expended. There was very little improvement in the State's ability to determine rates on a timely basis during the next year when most schools were provided with a rate in March or April after expending 60-to-70% of projected budgets.

Residential schools faced all of the problems of the day programs, and then some. Whereas L.E.A.'s were to pay for tuition charges, the county of a child's residence was to pay for maintenance and medical expenses (which for most residential schools far exceeded tuition charges). The State Education Department, which may have had some expertise determining tuition rates, was largely operating in the dark in the area of residential costs. While largely as a result of O.A.S.E.S. pressures, State funds under Section 4407 continued to flow to the non-public schools, at least for "grandfathered" students, no interim funding at all was provided for the residential portion of care. In facility after facility, hundreds of thousands of dollars had to be secured in order to meet operating expenses without any indication of how or when public payment would be provided. As difficult as it may be for public school administrators to balance all the pressures that the community might place upon them, I don't think any have been required to operate under the constant threat of imminent bankruptcy that has been the lot of non-public administrators for the past several years. Schools had to resort to the most extreme methods in order to save themselves, including withdrawal from the federal social security system, imposition of salary deferments upon an already underpaid staff, and the imposition on their agencies of extraordinary interest charges on funds raised to meet operating costs.

Fortunately, the non-public sector is known for being innovative, flexible, and creative; most schools survived the initial period of crisis. As of May, 1979, we must state that the situation has improved substantially, but even after four years not all the kinks have been removed from the system. For example, Summit School (Forest Hills and Nyack) received its rate for 78/79 in April, some seven months late. However, interim rates are now in effect which have enabled us to maintain a reasonable cash flow and our school is not in danger of imminent collapse. We endured financial hardships on a scale difficult to believe. It took almost a year to have a contract in place with the New York City Board of Education. Twice the O.A.S.E.S. organization had to bring suit against the Board in order to receive payment for services being rendered and to avoid bankruptcy. But let us not dwell solely upon the financial, lest one think that such concerns are primary in the minds of non-public school administrators. On the contrary, our priorities lie with the education of handicapped children; we are, however, realistic enough to know that without proper funding mechanisms even the very best of programs will end up being dismantled and deflowered.

Let us move on to other areas, specifically, the Board of Education mechanisms for evaluation, referral and placement of handicapped children in non-public schools. Unfortunately, from the moment of the Commissioner's decision in Riley Reid, the Board's attitude toward the non-public sector was very negative (perhaps for the reasons stated above). Direct statements were made to the effect that "we don't need you", "we can provide for all handicapped children within our own programs", etc. The financial crisis which burst upon the City during the 74/75 school year and became even worse for 75/76 tended to exacerbate other emotional feelings. The Board went so far as to openly state that for the 75/76 school year it would not enter into contracts for *any* new children who might require services provided by the non-public sector. Not being given an opportunity to proceed with a rational resolution, we again found ourselves in confrontation and in the courts. In what came to be known as the "Kelly Case",[2] the Board was ordered to place children in non-public schools when it was determined that appropriate programs were not available elsewhere within their own systems.

This is not to say that the Board is not replete with dedicated men and women who truly have the interest of children at heart. It is unfortunate that sometimes well-meaning individuals become subverted by a Kafka-esque system and are forced to play "Simon Legree" roles. It is also vital to acknowledge the magnitude of the problems which the Division of Special Education and Pupil Personnel Services (D.S.E.P.P.S.) faced in expanding and improving delivery of services to the tens of thousands of children requiring special education at a time of fiscal austerity. Nonetheless, so much of the grief that ensured would have been avoided had there been an attitude of mutual trust and respect. We might then have sat down together to plan for the appropriate utilization of exisiting space. Time and again we advised the Board that while they were desperately seeking to expand services to accommodate children on waiting lists, literally hundreds of seats were available in approved non-public programs. Ironically, those seats were offered at "bargain prices" to the City of New York, since the state aid formula then in effect provided higher reimbursement to the City for children in non-public programs than it did for children in their own settings. Despite the fact that

the individual savings per child often ranged into the thousands of dollars, and despite the fact that children were being kept on waiting lists for a year and longer, the non-public seats were not filled.

Today, the atmosphere between the Board of Education and the non-public sector has certainly improved. The Board realizes that the non-public sector offers many outstanding programs, (as we acknowledge similar quality in many Board programs). D.S.E.P.P.S. has also accepted the long term necessity for the existence of non-public schools as it becomes increasingly apparent that the more severely impaired children of New York City will continue to require services that are available in the non-public sector.

Regrettably, the Board has not as yet engaged us in long-term planning for appropriate program or facilities development. This is a step which we hope will soon be taken.

The schools comprising O.A.S.E.S. are currently involved in long term planning for several areas, one of the most important is the creation of high standards for membership. For many years the non-public sector was not monitored by either City or State, and consequently some cases of programmatic and fiscal abuse developed. More recently, non-public schools have been required to conform to minimum standards established by the State Education Department for all approved programs, both public and private. It is our intent to develop programmatic standards in excess of those currently required by the State, standards which would more accurately reflect both the existing and potential levels of service.

Looking to the future, we see a continuing if not increasing need for alternative educational programming in a variety of settings. Referrals by L.E.A.'s to non-public schools continue to increase, and non-public programs do not have adequate space available to meet the needs. It is therefore incumbent upon the State Education Department to provide an environment which will permit non-public schools to first remain viable, and then creative and innovative. A very serious threat to the ability of our programs to maintain quality services is represented by the arbitrary imposition of ceilings upon teacher salaries by S.E.D. and the Division of Budget. These regulations continue to discriminate against qualified and licensed personnel who elect to work in the non-public sector. If we are not permitted to compensate our personnel on a competitive basis, we are going to suffer irreparable harm through the loss of our most qualified and experienced staff. This difficulty is aggravated by the intent of the New York City Board of Education to employ as many as 1,400 new teachers in special education by September 1. If teacher salary scales are kept depressed at unrealistically low levels, there will almost certainly be a mass exodus of personnel to more lucrative opportunies.

The task of serving the handicapped child in New York is immense. For the sake of our children, we must not dissipate our time, effort and energy. We must grasp the possibilities offered by the growing trust and mutual respect between L.E.A.'s, S.E.D., and the non-public sector to cooperatively plan and implement desperately needed services. The absence of cooperative planning for both short and long term goals can only result in an inefficient underutilization of available facilities. Moreover, given the flexibility in the non-public sector and its ability to rapidly increase student capacity while maintaining quality controls, we should be viewed as a placement source for many more children than are currently served within our programs. Services to the handicapped must be rendered in the least restrictive environment for any particular child. The least restrictive setting is that one which will allow the blossoming of the inherent strengths of the individual, and does not refer to the particular building in which a program is housed. It is with confidence in the ultimate recognition of the value of our services and the quality of our programs that we look forward to the future.

1O.A.S.E.S., the Organization to Assure Services for Exceptional Students represents 24 approved non-public special education programs in New York State. Over 80% of the facilities are located in New York City, and our schools currently serve approximately 2,200 children.

2Kathy Kelly, et al. v. Board of Education, N.Y. (1975)

The New York Association for the Learning Disabled has moved to:
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Service Trends In The Developmental Disabilities In The 1980's

By
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Department of Mental Retardation
and Developmental Disabilities

In the decade ahead, the significance of the role of non-public school special education resources will depend on the resolution of political and public policy issues in serving the handicapped. Given the complexity of the issues and the expected positions of adminstrative, professional and consumer interests, the controversy will be lively. At stake is the need to equalize the relationship between special education and the general education sectors, and just as critical, to relate education of the handicapped with other agencies outside the education orbit.

Consideration of some of the major trends in developmental disabilities and their implications will serve to identify opportunities to vastly improve practices and adopt broadened multidimensional concepts that can result in improved services for the handicapped. To improve and expand services, the education establishment will face increasing demands to render quality services at reasonable costs. This may well require significant structural as well as conceptual reforms.

The purpose of this review is to consider the changes in the field of developmental disabilities that relate to special education, including service delivery patterns, legislation, relationships to other human services, resource allocations and the potential to use non-public school resources.

Shifts in Service Delivery Patterns

New York State's services for the mentally retarded and the developmentally disabled are in such a state of sharp transition that shifts in service delivery patterns are likely. Important systemic changes within the fields of special education, mental retardation, and health care have already begun and are impacting on public and private service providers. At the government agency level there will be greater interdepartmental collaboration in integrating resources where several agencies share mandated responsibility for serving a defined group of people.

An example of a shift in service emphasis within the field of mental retardation and developmental disabilities that has impacted on the eduation system, is the Department of Mental Hygiene's transition from institutional care to community based services. While returning mentally retarded people to their communities has taken place in the past, it was accelerated by the Willowbrook Consent Judgement, signed by Governor Hugh Carey in April 1975. Coincidentally, the Education for All Handicapped Children Act (PL 94-142) was passed by Congress in 1975.

The effect of the judgement was to allocate substantial resources for community based residential and program resources in order to move away from a discredited institutional system. Since the signing of the judgement, a new Office of Mental Retardation and Developmental Disabilities (OMRDD) was created by the state legislature and significant fiscal, organizational and managerial resources were put into place. Commenting on the results between 1975 and December 1978, Howse, Comins and Bennett report:

> Funding for services in the community has increased 78 percent in the two-year budget cycle period following the signing of the consent judgement, and the request level for community services for the next fiscal year reflects a 196 percent increase over the 1976 funding level". (1)

According to the OMRDD Five Year Comprehensive Plan: 1979-1984, by 1982, approximately 6000 persons "will be repatriated (the majority of whom are severely disabled) and thereafter will reside in less restrictive settings consistent with their individual needs."(2) The plan also considers the requirements for a community service network with accessibility to appropriate services, and coordinative mechanisms that assure continuity of care, and the need to develop cost-effective funding mechanisms.

The impact of this shift on education providers has resulted in an improved process by which persons are more readily accepted into community school programs. The collaboration of the State Education Department and the Department of Mental Hygiene resulted in state legislation that provides children with handicapping conditions who live in state developmental centers to participate in education programs offered by local school districts. Costs will be met by the State Education Department (3)

Similarly, children who have left state facilities to reside in foster homes or community residences are referred to the local Committee on the Handicapped. The persons who have returned to the community with only a few exceptions, receive supportive case management services from local Developmental Service Offices.

Impact of Legislation

With the enactment of two federal laws, Section 504 of Vocational Rehabilitation Act Amendments in 1973 (PL 93-112) and the Education for All Handicapped Children Act in 1975 (PL 94-142), important strides were made in extending coverage to those with more severe handicaps who were excluded from educational services and to set what are now minimal standards in provision of special education by state and local education agencies.

The Section 504 provisions have even greater potential impact because it includes all handicapped persons without regard to age, and it goes beyond removal of architectural barriers. It is also a programmatic bill of rights for the handicapped. It is likely that Section 504 will generate a momentum in creating a greater variety of programs for those over age 21 with a strong priority given to adults requiring more specialized services because of the severity of their handicaps.

The cumulative effect of governmental and administrative response has been to effect important reforms in the provision of services to the handicapped. Traditional service and programmatic approaches that permitted agencies to select and terminate services to their client populations have been found to be unacceptable. The right of parents or advocates to participate in their child's education plan and to invoke due process procedures is firmly rooted in PL 94-142. There are parallels in OMRDD procedures. Now the goals are to extend services to those more profoundly impaired and multiply handicapped. The thrust of effort is to establish a range of comprehensive developmental services and to require service providers to build services around client needs rather than determining whether or not a client can fit into an agency's program.

Education and the Human Services

Many providers may be involved in the delivery of comprehensive developmental services. These include schools as well as agencies such as Local Developmental Services Offices, health and social service agencies. Since educators and mental Health practitioners have much in common, and often serve the same client, albeit in different settings and from different points of view, establishing closer linkages and coordinative mechanisms in the delivery of client-pupil services is crucial.

Examples of linkages between special educators and OMRDD Developmental Service Offices illustrate the possibilities.

- Local school districts have established special education classes in OMRDD developmental centers which serve center residents and children living at home.
- Developmental Center staff specialists consult with public school teachers and supervisors around program needs and individual pupils.
- When the child has been returned to the community, Developmental Service Office case managers participate in quarterly reviews of pupil progress with school personnel.
- Case managers often arrange for supportive therapeutic services not available from schools and also assess the adequacy of the class placement in meeting the child's needs.

Since the process of joint collaboration of educators and Developmental Service Office case managers on individual goal plans is relatively new, the character and dynamics of multi-agency staff and administrative interactions bear careful study. While there have been sharp differences of opinion and some resentment of outside intervention into what has been exclusively within the professional educator's domain, there have also been many instances where the case manager's involvement has been positive, particularly where clients and families have been helped to negotiate for non-school related services.

Another benefit of the interactive process is in the mutual cross-fertilization and professional learning that takes place when practitioners meet to discuss ways to carry over what has been learned in the classroom into the home.

While not regarded as an unmitigated blessing, some case managers have been successful in involving parents in their child's school placement, IEP, due process proceedings, and in obtaining reviews of such school administrative rulings as suspense hearings. The advocacy responsibility of the case manager is also used at times in expediting Committee on the Handicapped decisions on pupil placements; advocacy was also responsible for Federal Court reversal of the New York City Board of Education decision to exclude or segregate Willowbrook class members who were hepatitis B carriers.

While there are no clear indicators as yet, it is likely that the relationship between non-public school staff and public educators will be nonadversarial. Positive linkages can be made if educators encourage more outside participation in the adoption of administrative rules and areas of practice. Non-educators who represent the child and his parents must understand the strengths of the school system and the need to be supportive in meeting the education system's reponsibilities.

In an important overview statement in the *Exceptional Children* issue devoted to "The Yet to be Served", Prehm and McDonald address many issues and problems in extending service to handicapped children. A definitional perspective is offered that avoids categorial handicaps, but stresses skill levels. Exceptional children and youth are those "who have motor, self help, cognitive, or personal-social skills that deviate significantly from the skill levels of their same age, cultural or ethnic group peers."(4)

The authors point to the need "focus on the delivery of special education in a wide variety of settings and on age groups outside those usually served by the school." The need for improved evaluation tools adapted to the multihandicapped, infant or multicultural exceptional child; maintaining efforts to reach children with mild or subtle skill deviation; questioning about relating the curriculum to the "skills needed to function as independently as possible as adults"

and in "unusual educational settings", are provocative and give insight into the struggle ahead.

The views expressed by Prehm and McDonald are compatible with those held by many practitioners in the related field of human services. While their concerns relate to the issues faced by special educators and point to the need to boarden perspectives of policy, practice and adminstration, they have not addressed inter-relationships with service providers outside of the educational system.

The interface between education and other human service agencies is precisely the area that is likely to receive increased attention in the future. Although examples of cooperation and collaboration were cited, more formal and decisive integrative steps will evolve as resource allocations are debated.

Resource Allocations

Rapid acceleration of services is unlikely. The tasks ahead cut across the jurisdictions of several state and local government agencies; fiscal constraints will serve as a major depressant even though vested interests argue for increased funding for traditional service expansion. The reality is that any increase in either the quality or scope of services for the mentally retarded and developmentally disabled will be coupled with better utilization of available resources, the linking of multi-agency performance objectives, increased attention to program evaluation criteria and accountability guidelines.

As government agencies compete for scarce tax dollars, traditional requests will be challenged, agency structures and program objectives will be scrutinized, and attempts will be made to contain costs.

Lorenz, in describing administrative and managerial practices in vocational rehabilitation states:

> "Given the nation's economic condition, it is highly unlikely that large amounts of new resources will be allocated to the rehabilitation system. In fact, it is far more likely that there will be increasing pressure for greater and greater output in the face of decreasing or, at least, non-expanding resources. Programs that are not highly productive will be eliminated or reoranized."(5)

The Higgins and Barresi review of the changing focus of public policy, discusses problems which effect resource distribution. (6) Although emphasis is on informing education agencies of "the vast array of federal resources applicable to the education of exceptional children", they also cite federal intergovernmental policy agreements which may filter down to local agencies. The United States Office of Education entered into agreement with the United States Rehabilitation Services and with the Office of Child Health. The latter is important because certain medical and diagnostic services may be charged to the early screening, diagnoses and treatment provisions for Medicaid reimbursement under Title XIX of the Social Security Act.

The authors recognize the board parameters that must be considered in dealing with financing at federal, state and local levels. Policies in this area will include: ". . .funding and appropriations, intergovernmental responsibilities, organizational change, use of facilities, and personnel development". Further, these considerations will widen "the locus of policy development activities to include more often state and local boards, city councils, administrators in multiple agencies and other public decision makers in addition to state legislative bodies".

Most perceptive is the author's recognition that "the full financial burden of special education does not rest with the education agency. There is a tremendous need. . .for attention to interpreting the existing policy base and for looking at alternative ways of resource utilization".

Discussion of general trends at the national level will ultimately impact on state-local resources, and one program sector that merits attention because of its utilizaton potential is the voluntary agency school for the handicapped.

Voluntary Agency Schools for the Handicapped

It has been a matter of public policy to support the public school system and to reduce local school district options to place handicapped children in "private" schools. Placement is possible only upon certification that the school district does not have an available program in which to educate the child. With the extent of coverage and the range of services required by PL 94-142, these schools represent an important resource.

However, voluntary agency schools in New York State have gone through periods of favor and disfavor with local school districts, the State Education Department and the legislature, but their most ardent supporters have been parents. At the present time a more definitive role is warranted.

The Fleishman Commission Report noted a series of deficiencies which have been addressed by the State Education Department (7) Tuition charges imposed on parents have been eliminated, admission policies that favored middle and upper class families and discriminated against certain types of disability and disruptive behavior, have largely been controlled. The State Education Department has imposed tighter regulations on private schools and site visits are more frequent.

The resource that can now be built upon has much to commend it. Plurality of options within the education aegis should be encouraged so that parents have a choice between a public school placement and and a private school class. Certainly with government funding there would be no violation of the child's right to a free, appropriate public education.

Among the desirable characteristics of some of the voluntary agency schools are aspects of scale flexibility, and interdisciplinary staff mix. These attributes merit brief discussion.

Scale

Generally, voluntary agency schools are segregated facilities serving pupils with severe handicap. Mainstreaming possibilities for pupils are more limited than in public schools. Balanced against this is the fact

that most schools do not have responsibility for a great number of pupils or teachers. The smaller scale of operations not only affords good supervision, it also benefits pupils who function better in a program where the milieu can more readily be adapted or changed to meet their needs.

Flexibility

Much has been written about the public school system and its rigidities. Purely from an administrative point of view, the fact that a private school administrator is not required to deal with a chain of command for supplies, budgets, rules and regulations, and staff makes for considerable program flexibility. The readiness to utilize staff innovatively, to demonstrate new techniques and methods, to shift curriculum content, and develop new concepts are decided advantages.

Interdisciplinary Staff

Some of the better private schools have developed a rich interdisciplinary approach to serving children and most have ready access to consultants in various specialities. This is possible because the State Education Department permits salaries or consultant fees to be included in the school's budget. For many private schools the interdisciplinary staff is already in place and they have developed a specialized competency that would be hard to replace. Many of these schools have made progress in blending educational methods with some of the therapeutic approaches followed by specialists in speech pathology, physical therapy, psychology, occupational therapy, social work and recreation.

It is of interest to note OMRDD activities regarding the private schools, many of whom had previously been licensed by the Department of Mental Hygiene as day treatment or day training centers. OMRDD will discontinue licensure of special education programs, serving school age children since this falls within the jurisdiction of the State Education Department.

However, OMRDD is exploring ways to reimburse private schools for services to developmental center residents. This should increase the number of community options open to residents in state facilities which can expedite their eventual reintegration into the community.

In summary, the private schools, already have staff, buildings, and an important expertise which can be utlizied effectively to serve handicapped persons wtih severe impairments. With adequate standards, frequent program monitoring and supervision by the State Education Department, this resource can be encouraged to develop differential programs for children requiring more intensive and structured services than are now available in public school programs.

Conclusion

Within the context of this review, non-public school resources are defined as those which are not under the direct control of local school districts, but which either fall within the purview of the State Education Law, such as voluntary agency schools, or, agencies that relate to local and state education agencies by virtue of agreements or informal collaboration. Particular emphasis has been given to the relationship between public special education providers and the Office of Mental Retardation and Developmental Disabilities and local Developmental Service Offices and to utilization of voluntary agency schools.

Recognition has been given to the many new demands which will be placed on the education system as a result of federal legislation.

Implementation of PL 94-142 and Section 504 has only just begun. In the decade ahead state and local policies together with administrative priorities that determine resource allocations will be more sharply defined. Undoubtedly, New York State will continue to enact legislation to be in conformity with federal requirements, undoubtedly the judicial process will be invoked because of administrative or legislative oversights, or that programs will not be in place quickly enough to meet anticipated service demand. But, with each step there will be increasing strain on existing service providers, and the professionals that serve them.

While the broader concern in this discussion is on the education of the handicapped, the service trends in the field of developmental disabilities are analogous to other handicaps and service systems. Forecasts for the 1980's include continuation of the momentum generated by federal legislation and judicial actions mandating comprehensive services for the handicapped across age and the functional levels. The mandates themselves give considerable leverage in supporting programs for the handicapped.

Even the most conservative speculation points to increased responsibility for special educators and a rise in the importance of special education within the educational system. However, the opportunity to vastly improve practices and adopt broadened, multidisciplinary concepts is a decided challenge.

Further study should be given to the interface between educators and human service providers as it relates to the differences between instruction and a wide range of related services as defined in PL 94-142. While the State Education Department is the agency responsible for implementing the federal law, obviously there must be service arrangements with other agencies of government as well. It is likely that greater interagency collaboration will occur. The cost benefits that can be achieved are significant in that some of the duplicative services that each agency provides can be avoided.

The mounting pressures to expand educational services and to improve the quality of current services will produce important changes in the educational process itself. The forces contributing to this transition are already in place: the role of human service providers, a more alert parent constituency and the legitimate but competing demands for government funding. Together they constitute a catalyst for service integration.

Even a cursory review of the major issues which are yet to be resolved yields a formidable agenda for

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The Challenge of Independence

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Many factors in the non-public environment can contribute to excellence. Together those factors create the theme of this article. Non-public schools can exercise their operational independence and flexibility to set high standards, adopt specialized methods and areas of service, select population characteristics that promote children's individual and collective success, and manage time and people in ways that specifically meet the needs of the children. Independence allows this in spite of fiscal and other regulatory constraints necessarily related to the use of public education funds. Independence presents the opportunity to assume active responsibility for maximizing the learning environment. This is less possible within public schools because large institutions are characterized by an inertia which resists innovation and slows the process of creative change. for non-public schools to achieve excellence, they must employ their inherent advantages in a concerted effort to create a more effective and efficient educational product.

It is important to concede that we don't always achieve all our goals and that every non-public school is not, by definition, more effective and efficient than every public school. It is equally important to remember that non-public schools respond to their opportunities for self-direction with varying degrees of commitment and success. But the governing factor here is that our objectives and our standards may be set as high as we can imagine. By so doing it becomes impossible for us to ever become totally satisfied with our performance—or complacent about our efforts. We can accept a population for whom our skills are appropriate. We can be selective and demanding in professional staff development. Hence we can implement child-centered objectives—based on their needs—by planning for success. The public schools fulfill the important reponsibility of universal education. Because we can specialize and restrict our efforts to certain age groups and service needs, we can realistically expect higher successes within our chosen area of practice.

Non-public schools may elect to attempt innovative techniques and set new program objectives when needed, because they can adopt the flexibility and speed of action which public institutions cannot afford to risk. Flexibility and creative risks are threats to the safety found in rigid procedures. Non-public schools aren't bound to rigid educational procedures or policies, hence the freedom to re-design programs without first changing the direction of a massive institution. Initiatives in program design must be followed by critical self-evaluation; we needn't fear lack of success because only an attempt can provide the basis for positive change. for example, we are free to select and train a staff which functions fluidly across professional boundaries. An interdisciplinary staff operating as a team experiences an ongoing transfer of skills and achieves reinforced effectiveness in all areas of operation.

Several factors contribute to the operation of a good school, whether public or private:

1) high staff morale reinforced through wide-ranging teacher responsibilities and effective supervision;

2) staff morale doubly reinforced through visible successes with children;

3) appropriate and extensive preservice and in-service staff training;

4) an interdisciplinary approach to service that enhances skills transfer and comprehensive solutions for children's problems;

5) involvement of the child's entire family in the habilitation process;

6) small class sizes that allow personal attention to each child's needs;

7) control over hiring and retention of staff to assure that merit is properly rewarded and overall staff quality is maintained;

8) specialization in particular techniques and groups of handicapping conditions for maximum effectiveness of effort;

9) restricted unit size for a working organization of human scale;

10) the ability to change in response to needs quickly and on our own initiative;

11) a professional staff that chooses to seek and continue employment because they want a realistic opportunity to exercise independence and achieve professional growth and successful educational intervention.

The non-public school has the clear advantage in adapting many of these factors for an individualized, effective educational program.

The challenge to service in public schools is to achieve success in spite of institutional drawbacks that militate against creative change—this translates into a depressing challenge to minimize the negative results of being a large institution and having the legal obligation to provide an education for all handicapped children.

In contrast, the challenge in non-public schools is to choose a particular area of service and gear the power of the entire organization to achieve the highest possible self-determined objectives. Specialization is a key ingredient in success, since it can make high objectives feasible. In spite of external constraints that arise through fiscal accountability and the actions of necessary public monitoring agencies, this challenge can and must be met.

The non-public schools currently operate under some additional constraints, primarily in the area of concrete staff incentives. Salaries are lower in the non-public schools than in the public system. Smaller organizations inherently have less structural room for career growth through upward movement—in this case one operating advantage is also a handicap. Non-public schools often lack some of the technical and fiscal advantages enjoyed by large public school systems. In spite of the fact that these disadvantages are generally well known, many professionals continue to seek non-public school employment even in the face of other opportunities.

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Independence and flexibility at The Herbert G. Birch School have led to a set of program objectives in which service to children heads the list. We have found it difficult at times to maintain steady progress toward our objectives—external and internal forces challenge any progressive movement. We find it increasingly difficult to be flexible and independent in the shadow of increasing governmental supervision that superimposes on us a pre-established set of fiscal and program guidelines that may or may not be appropriate for a given group of children. Still, we recognize and appreciate the need for accountability to the public while using its money to educate its children. We have attempted, rejected, revised and evaluated many educational methods. We have added and integrated several professional disciplines to seek the most comprehensive possible solution to each child's problems. We treasure the opportunity to experiment and change as we see the necessity for change. We feel ready to admit failure when it occurs and respond enthusiastically to constructive criticism.

The following section illustrates the way a non-public school may set standards and objectives in the pursuit of excellence. Philosophy, objectives and methods are intertwined with moral and professional standards in this operational outline.

From our clinical experiences the following relevant issues are evident:

1) the need to deal with the classification and diagnosis of youngsters who have similar service needs without depending solely on etiology and specific handicapping conditions;
2) the necessity to begin a movement away from the traditional labeling process which often permanently places children into inappropriate tracks and does not usually allow for recognition that change occurs after proper intervention. Attitudinal sets in parents and professionals often need to be re-established so that they recognize that children should be viewed as growing, changing and dynamic, rather than stereotyped with a particular label;
3. that in order to insure significant and lasting gains, the program had to view as its client both the child and the family. This requires aggressive outreach to achieve active participation by the family and cannot allow passivity or dependence;
4) that the program needs to meet the maturational levels of each child in four specific program strands: educational habilitation and rehabilitation; socialization and recreation; clinical and psychological needs; social work and medical services. At any given point in the life space of a child the levels of development in these areas may be very different;
5) that clinicians in all professional disciplines are more competently trained when they are afforded the opportunity to participate in an interdisciplinary setting, where all professionals become more familiar with the language and frames of reference of disciplines other than their own. The transfer of skills and conceptual knowledge is thereby facilitated.

Our School operates around this central philosophy of interdisciplinary cooperation. Cooperative problem-solving carries through all phases of the school's operation. Functions which must be performed include: intake processing, placement, behavioral assessment, curriculum planning, clinical treatment and direct teaching, supervision, educational evaluation, and multidisciplinary discussion of individual problems, progress and program effectiveness. In all these areas free communication is fostered by the structure of the operation. Direct discussion of issues and immediate problems leads to openness among the staff and a unique effectiveness of expended effort.

The groundwork for our cooperative atmosphere is laid at the time of staff selection. Much more than academic background and employment history are considered in the hiring decision. Applicants are judged on their individual abilities and stated willingness to join and participate in a team effort; more than that, they are selected in terms of their apparent ability to work smoothly with the previously established staff group. In this way we hire for group continuity in order to reduce yearly transitions to a minimum. The goal is to retain the kinds of communication and interaction we now enjoy by matching new and existing staff members for immediate cohesiveness and long range continuity.

Group continuity and strength are also enhanced by the particular nature of our interactions while

providing service to the children. Qualifications are not permitted to remain static; the nature of our service process assumes shared knowledge and interdisciplinary training of skills. This skills transfer is multidirectional and is based on openness and informality. We do not fear that the temporary absence of any staff member will cripple our effectiveness, because staff members have absorbed each other's skills to varying degrees and incorporate aspects of many disciplines into their daily performance. One example of this skills transfer is the way in which staff professionals are supervised and, in turn, supervise university students, assistants and volunteers operating under their direction. Another example is the training of parents in treatment techniques for use in the home and during the volunteer work in the school.

Many disciplines and levels of ability and experience are represented on our staff. The common thread which brings a sense of integration to the school is the total desire to bring the skills of everyone to bear on the problems of the children. There is a universal respect for the children as people and for what we can learn from them. Beyond personal qualifications and training there is a willingness and eagerness to participate in shared decisions and to make full use of the diverse skills available for the asking. Certainly each staff member has particular areas of direct responsibility. The responsibility is not relinquished by the action of sharing problems. Cooperative problem-solving requires a knowledge of one's own abilities and limitations and an equal knowledge of the community of skills available as resources.

Very simply, there is a respect among staff members which brings together teachers, clinical specialists, assistants, supervisors and administrators as people and not as job titles. Everyone asks. Everyone listens. Everyone is willing to apply their skills to help find the best possible solution to a commonly defined problem. All of this implies an active willingness to change and grow.

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One purpose of the School is to serve as a day training center providing educational clinical and habilitative services in order to reduce disabling conditions in a mentally handicapped population of children between the ages of two and thirteen years. Early intervention has proved critical for the child and family in significantly reducing developmental lag and lessening existing gaps in functional levels — also in increasing the probability for continued and successful integration in home and community. This decreases the probability of institutionalization. There is an inherent responsibility in servicing such a young group, specifically that those skills and attitudes so necessary to optimal life-functioning outside of an institutional setting must be approached and taught from their primary stages of acquisition and development rather than from a rehabilitative point of view.

It is a basic view of this School that service to a mentally handicapped child cannot be isolated from service to family. Present syndromes include such handicapping conditions as: mental retardation ranging in intensity from profound to mild; functional retardation with its concomitant disabling effects on life skills; autism, childhood psychosis; emotional disturbance; neurological impairment; language impairment; and social maladjustment. These conditions occur singly and more often in combinations within this mentally disabled group, where it is evident that habilitative services are as necessary as clinical treatment.

The second purpose of the School is to offer training to a community of professionals in interdisciplinary fields. In order to assure maintaining the highest quality of professional intervention in our facility, we find it necessary to provide a training component. This training program then establishes a continual pool of uniquely qualified professionals from which our own or similar agencies can draw employment.

The current state of training for professionals providing service to the handicapped is inadequate to successfully reduce the severity of disabling conditions. This is particularly evident in the case of the most severely handicapped children and emphasized by Federal and state mandates requiring the establishment of training programs dealing with the severely and profoundly handicapped population. This level of training has been non-existent. While training exists for service to the less severely impaired, it is often deficient because it fails to provide cross fertilization of necessary disciplines. More specifically, there has been insufficient attention paid to the variety of skills necessary to participate in a complex treatment plan where all disciplines share equal responsibility and importance. These skills go beyond those which traditionally are stereotyped into rigid definitions of insular disciplines.

The particular organization of our functional relationships bears directly on the feeling of teamwork. The focus is naturally on direct service to the client, but communication among staff members as part of problem solving and for staff development is essential and strongly encouraged by the structure of our operation.

Members of the staff assume a partnership in service to the client; questions and advice flow in all directions rather than down a strict hierarchial framework. There is constant observation by all members of the staff of every facet of the school's operation. Teachers are in regular contact with supervisors to evaluate and revise techniques of intervention. Clinicians are regularly called upon to review and restate their goals and techniques in general and with specific clients for the benefit of parents, government agencies, clinical case conferences, student teachers, volunteer assistants, and other visitors. In these and other ways the operational techniques are open to continual scrutiny and improvement.

Pressure is alive in our daily operation. There is the pressure to perform well for the clients, for observing supervisors, for the praise of other staff

members, and for personal satisfaction. We feel that the unusual growth and high level of performance shown by staff members is due to this pressure in combination with a sense of sacrifice and a very receptive, praise-laden and enabling working atmosphere.

Intimacy of scale plays another crucial role in creating a sense of teamwork due to our small size and the physical compactness of our operation. We depend on each other for our successes and we are reponsible to each other for our failures. This intimacy enhances each staff member's sense of responsibility for creative and high level efforts. It encourages each staff member to try every avenue in the search for successful habilitation of our children.

Finally, every staff member is greatly pushed and prodded along the path to independent thought. In every possible situation independent decisions are encouraged and required. We supply a supportive but demanding atmosphere which accepts mistakes with greater tolerance than it accepts timidity. Mistakes are examined in order to determine whether different approaches could have been used. This enhances professional growth. Team members may share the fact-finding efforts and the search for alternatives necessary for decisions, but they may not give up the individual responsibility for making a decision. The growth of individual staff members is vital to our own positive evaluation of the program. That is why we feel this pressure for independent decisions must not be lessened.

We feel that the team effort is alive here because of careful staff screening, an enabling atmosphere which forces and rewards communication, and the successes which derive from a structured, multidisciplinary approach to problem solving.

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The largest portion of each child's day is spent in a therapeutically engineered environment where a lifelong syndrome of real and imagined failure is contradicted by daily successes. It is clear that such success engenders a better self image which in turn leads to a more integrated ego. Thus the child experiences a diminished failure set which is concomitantly replaced by a more therapeutic learning set. As the child becomes more aware of his or her ability, fear of failure diminishes; risk-taking is enhanced and new successes are more likely to occur. Success in skill acquisition leads to ego development by mastery. With each successful learning attempt, a positive perception of self becomes more consolidated. This consolidation enables acceptance of inevitable failures as isolated incidents rather than as a definition of self. In this way, for example, when the child has problems learning to button a coat, the perception "I am having problems with these buttons" is built and reinforced, rather than "I can't do anything right"

No assumption is made that children have the intrinsic awareness of the concept of success whether their own or that of another. Therefore, we teach this kind of awareness through a complex system of approaches including behavior modification and psychodynamic intervention. These approaches together, consistently delivered in a manner appropriate for each child's social, emotional and cognitive levels, promote the child's achievement of a positive self image. The sensitive judgement of the teachers as key therapeutic agents in the child's habilitative environment is ultimately responsible for the establishment of goals critical to the child's needs.

An attempt is made to match each child with special competencies of the teacher. The teacher's basic responsibility is the design and implementation of the Individual Education Plan (IEP) under the supervision of the clinical treatment team and with regular review through clinical case conferences.

The program is focused on the goal of preparing the child for living by: (1) helping the child to see the relationships between behavior and its consequences; (2) providing for increased judgement and skills in selecting appropriate alternative behaviors; and (3) increasing the opportunities for using newly acquired skills. The context of these goals is an atmosphere of respect for the child as a person and regular encouragement of a positive self image.

The IEP for the child has two essential components: clinical and educational programming. Many critical areas of habilitation are best served by individual treatment sessions with a clinician. We arrange for these individualized assignments based on the needs evaluated from all collected information and our own assessments. Children may be seen from one to four times weekly, for half-hour or longer sessions, either alone or in small groups. These groups are homogeneously derived by need and may cross classroom groupings. The efforts of the clinicians are coordinated closely with those of the classroom teachers to assure consistent therapeutic intervention and achieve maximum development in the children. Related clinical services regularly include physical education, speech and language consultation and direct therapy, psychological testing and therapeutic sessions, and specific educational therapy.

Coordination between clinical and education aspects of the IEP is close and under constant inspection, both through the informal and interdisciplinary nature of our staff relationships and through the formal vehicle of periodic clinical conference on the progress of each child within the program.

Our clinical case conferences provide the avenue for assessing development, evaluating progress, and planning for ongoing and future therapeutic and/or educational intervention for each child in the program. This weekly team meeting is attended by the entire educational, clinical and consulting staff which includes all those who serve on the individual educational management teams. A comprehensive discussion of two children is engaged in each week, with all disciplines providing the insights and recommendations necessary so that programming for every child and family is totally individualized. Verbal and written reports are required from the following disciplines:

medicine (psychiatric, neurological and pediatric), psychology, education (the classroom teacher and special therapists), social work, speech pathology and language, optometry and physical education. These reports represent the accumulated evaluations of all interventions currently in progress. After presentation of reports the Clinical Director synthesizes the large amount of information and wide variety of opinions so that each child is viewed as an integrated whole. In this way, checks and balances are provided so that we do not lose sight of the whole child in the multitude of discrete descriptions that are so often a part of these discussions and reports. Decisions and recommendations are made by consensus of the entire team with the opinions of all having equal priority. Through this process, staff development is enhanced by the increased ability to generalize and transfer knowledge from one discipline to another. All professionals become more familiar with the language and frames of reference of disciplines other than their own. The decisions of the team are subject to review in follow-up clinical conferences.

Meetings between the social worker and the parents of the children who are staffed are held before and immediately after the clinical case conference so that information and recommendations may be imparted and counseling conducted where necessary. Information passes two ways. Parents' reactions, problems and supplementary information are reported by the social worker for consideration at follow-up conferences where revised recommendations can be made as necessary.

The outcome planned for and expected in all aspects of the program is the reduction of mental disability. In order to achieve this end, the IEP's provide for long and short range goals and objectives specifically designed to meet the needs of each child within a predetermined period of time. Ongoing review and evaluation of these objectives protect the child from the rigid continuation of intervention procedures which have lost their effectiveness. Individual objectives are the prerequisite, concrete steps toward achieving overall program objectives.

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The mentally handicapped child in our school has the right to:

1) Treatment appropriate to individual needs through a program in which those needs assume primacy over all others. This includes the right to proper medical care and to such education, training, habilitation and guidance as will enable the development of ability and potential to the fullest extent, no matter how severe the degree of disability. No mentally handicapped person should be deprived of such services by reason of costs involved. This is implemented through Individual Education Plans.

2) Humane treatment free of physical and mental abuse, exploitation or degradation of any sort.

3) Treatment in the least restrictive environment. The family is the ecological unit of treatment with all interfaces treated in the process. Parents are directly involved in the treatment process through out parent involvement program.

4) Respect for the potential to adapt and change. Therefore no medication may be administered as a punishment technique or to reduce objectionable behavior.

5) Privacy. All information is considered confidential and exploitation is neither sanctioned nor tolerated.

6) Developmentally appropriate feedback. Where we cannot provide direct feedback appropriate to a child's needs, such information is conveyed to the parent or guardian through the informing conference immediately after each clinical team review.

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A key feature which controls our operation is clinical supervision. The overall goal in supervision is to insure the accomplishment of program objectives. As a child-centered school, our foremost program objective is to assist children and their families in achieving their purposes. Short and long term educational goals are formulated. Plans are revised continuously in light of the progress shown by clients in attaining their goals. The supervisory staff assists in the development of these goals, in the planning and implementation of effective educational programs, and most importantly in maintaining among all program personnel an awareness that the staff is accountable to its clients for program effectiveness.

A second objective of the program is staff growth. This growth involves three goals:

1) Improvement in professional techniques. It is expected that all professionals on staff, both supervisor, educational and clinical, as well as assistants and visiting university students, will become increasingly skilled in providing service to children. The supervisory staff, itself a part of this learning process, aims to facilitate such growth among all staff.

2) Inter-communication among personnel. Professionals who frequently share work-related experiences and who often exchange ideas with a variety of other professionals, it is assumed, are likely to meet children's needs more effectively then professionals operating alone. A supervisory objective in staff development, therefore, is to encourage among the staff a great deal of communication about program matters. We have seen, moreover, that our professional interchanges, both formal and informal, become more fruitful as our communication skills improve. Supervision, therefore, aims not only for frequent professional communication among the staff, but also for more adept communication.

3) The culmination of professional growth is the development of a finely honed ability to evaluate one's performance. A major objective in staff development, therefore, is to facilitate the staff's capacity for self-assessment. The supervisory staff actually endeavors to minimize the staff's need for supervision while simultaneously improving the service to clients.

Supervision is a problem-solving process, in which the supervisor and clinician are largely peers. Each brings a unique point of view to the problem-solving process. First, the supervisor possesses experience often greater than (and at least different from) that of the clinician. The supervisor, moreover, usually lacks intense involvement in a teacher-child relationship or in organizational relationships among teachers and clinicians. The supervisory position, therefore, often allows a view of program difficulties which is more objective than that of the teacher.

The teacher, on the other hand, possesses a familiarity with many treatment and educational problems which is possible only to one who is involved in these situations. The teacher may also possess background information and knowledge lacking to the supervisor. The resulting dialogue, in which teacher and supervisor are engaged as peer for the purposes of solving a problem and sharpening the teacher's self-assessment capability, is a clinical form of supervision.

The more traditional form of supervision in which the supervisor primarily evaluates the teacher is also present in our school. Teachers are accountable to supervisors for children's progress. The supervisor must assess the effectiveness of educational goals and techniques in order to provide a basis for decisions regarding future hiring and the continuation of the teacher on the staff.

The traditional evaluative function of supervision, however, usually interferes only minimally in the daily problem-solving dialogue. Many factors contribute to the general feeling among staff members that supervision is more than just a procedure for personnel assessment:

1) Supervisors and teachers meet, both formally and informally, several times weekly, thereby encouraging peer relationships.

2) The School is deliberately kept relatively small, which tends to prevent the alienation and fear which often develops between direct service and supervisory staffs in larger, traditionally supervised institutions.

3) In the hiring of individuals as staff members, an important criterion is the individual's apparent desire to grow professionally and to participate in and change as a result of dialogue with other staff members.

4) A major goal of clinical supervision is the improvement of the teacher's ability for self-evaluation. This objective requires respect for the teacher's judgement, which again minimizes inequality and distance between supervisor and clinician.

In sum, the staff is selected and the program organized to maximize the probability of success through the clinical supervisory process. The result is that all staff members together feel an accountability to the children and share a desire to assist each other in optimizing the progress of the children and their families.

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As a teacher in a non-public school, I am excited about our opportunities for real educational success. I am more excited by the successes already achieved. From my vantage point everyone in the public school system begins at a disadvantage because the mass of the institution works to perpetuate traditional relationships, resist innovation and inhibit flexible responses to individual children's needs. At The Herbert G. Birch School the organization is fluid; it changes to accommodate the dynamics of individual and group needs.

We select standards and objectives according to our beliefs and the best estimate of our abilities. We have restricted the focus of our program so that the numbers of different handicapping conditions we must face is reasonable. We believe in pushing for the highest possible successes and our disappointments are many; still, we measure performance against the ideal rather than rigid city or state-wide criteria.

Our program is small and everyone who works here grasps the full extent of the school every working day. We experience some of the delays and dysfunctions found in most complicated organizations, but the bindings of personal contact and "small-enough-to-know everybody" scale keeps things together. Even with disagreements and temporary disruptions, we are intimate enough to operate with a coherent governing philosophy that is clear and consistent through difficult as well as successful periods.

This explicit philosophy and our understandable and reasonable scale make personal sharing and professional growth common. The cooperative sense is found in periods of both stress and tranquility—the staff really does work as a team.

Well-defined philosophical guidelines can be far more effective than huge sets of regulations and procedures. Our philosophy of service is simply to seek the reduction of mental disability in handicapped children. Other things seem to fit around that priority very well. We struggle for the best techniques and argue about many issues, but personal needs and other demands are clearly secondary. We have selected and trained staff members to maintain an interdisciplinary team that is technically skilled and matches the needs of our children. Individual staff members take risks in order to learn from the children and from other disciplines—so the school has nothing to fear from ventures into new educational and therapeutic techniques, staffing patterns, in-service training and parent involvement to achieve ever higher ideals.

The Interdisciplinary Team As A Vehicle For In-Service Education

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A good model for providing in-service education for special educators in a school setting derives from rehabilitation medicine. In the rehabilitation setting, discussion of the patient's admission, progress and disposition takes place in a team meeting attended by the responsible medical staff and a fairly large number of other professionals including nurses, social workers, psychologists, speech and hearing therapists, occupational therapists, and aides. Variations on this format are a function of the needs of the particular setting and smaller versions of this team are frequently found outside of large urban areas.

The physiatrist presents a medical summary with diagnosis, treatment plan and prognosis. Other disciplines follow with narrative reports which take many forms depending on the traditions in their respective fields. Despite variations in the structure of the reports all disciplines are essentially concerned with present status, the formulation of interventions or treatments, and with attempts at prediction. Periodic reviews in subsequent conferences may take less time than the initial team meeting and are usually more concerned with answering concrete questions than with elaborating on general issues. But, these latter meetings, well known everywhere as "case conferences" are *not* the model being proposed here. What is being proposed is an elaborate structure of reporting in detail which incorporates all the information of the case conference but which goes beyond that venerable format by virtue of its intention to educate the staff. The rest of this paper will be an exposition on how this goal has been pursued at the Herbert G. Birch School for Exceptional Children.

In order to arrive at conclusions about the educational value of the team meeting it is first necessary to describe it. The following disciplines are represented at each meeting: special education, physical education, social work, speech and hearing therapy and psychology. Although the school does not employ physicians or dentists, medical and dental summaries when available are obtained by the social worker who abstracts this information. In addition, an optometrist is available for referred children who require intensive evaluation of visual-perceptual status; and his diagnostic reports and suggested interventions are available for the team's information and reaction.

The team meeting at the Birch School is held once a week and lasts for at least two hours. Only two children are discussed in order to permit intensive evaluation. *All* staff are required to attend, even those who do not have direct professional contact with the child under discussion.

The following sequence of reporting is observed. The meeting is initiated with a brief description by the classroom teacher of the child's outstanding attributes and his major difficulties. This is followed by a detailed social history. Knowledge of the social history is likely to have a direct bearing on the attitudes of the teachers and on their interventional approaches. That their view of the child would be influenced is self-evident, but that their approaches to teaching might be altered is less obvious and deserves a comment. When, e.g., a child who is not learning to read is described as having emotional problems as well, the whole teaching context changes. This slow learner must now be understood as an emotionally disturbed slow learner, and teaching strategies must accommodate to this additional information. Shorter periods of concentration may be required, more praise when this can honestly be offered may be built into the scenario. More indirectly, when the child's background is known, it is easier for the teacher to make certain accommodations and her tolerance is increased for difficult behavior. It seems likely that increased insight leads to a greater capacity for empathy.

The psychological report follows the social history, provides information about previous and present psychodiagnostic testing results, and equally important but far more difficult, formulates recommendations to staff. Such recommendations take many forms but ideally they should facilitate the work of the teacher without preempting her expertise.

It is a thin line to walk but it is possible to formulate suggestions that will facilitate the teacher's task without telling the teacher how to teach. Information about a child's motivational level, frustration tolerance, capacity to attend, need for reassurance, reaction to failure or to criticism, short and long-term retention capabilities, and some hypotheses about perceptual, conceptual and motor adequacies—all of these may be helpful in different degrees with different children. However, both the teacher and the psychologist must be prepared to live with the inexplicable, e.g., although knowledge about perceptual adequacy is sometimes helpful, there is the frequently observed anomaly of perceptually inadequate children who read well. Again, although knowledge about conceptual capacity is also often valuable, there is the equally anomalous situation of children who "read" but who do not have the foggiest notion of the meaning of what they are saying—a variant of what H.G. Birch once described as "Chederism", so named for children in Jewish Schools who learned to read and pronounce words in Hebrew without having any knowledge of their meaning.

The Speech and Hearing Therapist provides information about the speech, language and hearing functions of the children. At the Birch School, the majority of the children demonstrate deficits in this area and it is crucial that their capacities be fully understood by the teachers for whom language comprehension plays so important a role in daily classroom activity. The team meeting becomes the opportunity for the Speech Therapist to describe the child's compentencies and to make prognostic statements so that all work with the child have some idea of where they are going. The results of both diagnostic testing and of therapy are used as a vehicle for predicting the course of progress.

Physical Education comprises another specialty report. Strength, coordination and a variety of manifestations of motor intactness are integrated into the total view. Since games are a major vehicle for training, it is not surprising that information about interpersonal skills plays a major role in these reports.

Finally, the teacher, having heard all the specialty reports, can now present the educator's information which is, in effect, the culmination of the meeting. She discusses learning status and progress, the interpersonal dynamics of the classroom, activities of daily living, special problems, and academic and social goals.

The description of the individual team contributions make it feasible now to comment on the educational in-service nature of the meeting. It is essential that the meeting be chaired by an experienced person who knows how to ask questions. Reports such as those described above are never given by two people in the same way. Things are left out, focus is sometimes lost, essence gets submerged in detail, unclarity and ambiguity as a function of inexperience or fuzzy thinking, enter the room, and it is crucial that the chairman keep his eye on the ball. It is important that questions not take the form of implied criticism, but is equally important that the air waves remain open to challenge. Anyone must feel free to question anyone. Clearly, this will not take place except in an atmosphere where professionals can trust each other. The chairman of this meeting can do a great deal to engender such an atmosphere, but he cannot do it alone. He cannot do it at all unless the school is receptive, and in this sense the team meeting is a microcosm of what happens in the school during the rest of the day.

It is essential to point out that "solutions" as such while welcome are *not* the focus of the meetings. The very essence of the meeting is the communication itself, i.e., the attempts of individuals with different orientations, sets of knowledge, skills, and ways of perceiving problems and issues, to tell each other how they see the child. While a concern with the child's progress and the need for recommendations is ever-present, the larger goal of the meeting is to help professional people learn to *listen* to each other.

It is relevant here to state the theoretical orientation of these meetings. The interactionism described by Thomas Chess & Birch (1968) suggests that the biological basis of a human condition and its environmental context lead to an interaction, something *new* that transcends biology and social context. It is this *something new* that we try to understand in our meetings at the Birch School. This interaction, this bio-social abstraction is, of course, a person, and it is only when each professional transcends the unidimensionality of his own discipline that he can approach an understanding of this abstration.

The utility of the team meeting, therefore, aside from its informational value, is that it offers each professional the opportunity to learn what other professionals think, what they do about what they think, and how they feel about what they do. If we can learn how to think about the child in ways that go beyond the limits of our own necessarily narrow training, that cannot fail to be a good thing. If the teacher can think about the child's problems with a view from the bridge between education and all its neighboring psycho-social disciplines, then that cannot fail to make her a better teacher. The same is true for all those in neighboring disciplines. No one doubts that solutions are prisoner to the formulation of the problem. Teachers formulate "educational" solutions, psychologists formulate "psychological" solutions and so on. The team meeting, by providing a variety of views for everyone to absorb, makes it possible to *reformulate the problem* from a somewhat more holistic perspective, and thus frees each professional from the limitations of his own discipline. Ultimately, of course, all this transcendence will result in higher level professional functioning, and the subject of the team meeting—the child—receives the benefit.

References

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Residential School As "Treatment of Choice?"[1]

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The current vogue in special education and government concerned with education of children with handicapping conditions, is to talk of education in the least restrictive environment, deinstitutionalization, mainstreaming, etc. In plain terms, this involves an abandonment of residential education/ treatment programs as a major resource, let alone the treatment of choice. Some professionals maintain what they consider to be a more balanced point of view; have a range of services matching the child's needs, from the least restrictive setting at one end of the spectrum, to a specialized residential setting at the other end.

This paper takes issue with these points of view and suggests the possibility that high quality residential programs be considered as the "treatment of choice." It is hoped that the antithetical nature of ideas presented here, when contrasted to the current climate of both public and professional thinking, will stimulate re-examination of present dogma.

If residential programing is the treatment of choice, it should clearly be utilized with a frame of reference of as early intervention as possible. A medical analogy would suggest that one treats cancer as early as possible with the most powerful (effective) intervention, rather than witholding this treatment until the patient is terminal. Paradoxically, this is not what is being done with the concept of residential program utilization. The author receives relatively few referrals for younger children, and large numbers of requests for placement of older children. Does this mean that the referring agencies view residential services as the treatment of choice, or as a last resort? Unfortunately, the history of the older child referred to us, is loaded with tales of failure in school, home, and community. His character, style of behavior, learning and socialization are fairly fixed. Since we take the point of view that residential service can be one of the most effective modes of intervention, the disproportionate referral of the older child is ludicrous. Residential programing should not be conceptualized as "the last resort." We are not magicians! We can't cure (habilitate) the client when he is "terminal"!

The author's experience in this field suggests that the current unfortunate state of both the conceptualization and utilization of residential programing stems from some of the following factors: 1. Reality Issues; 2. Faulty Logic; 3. The Myth of the Omnipotence of the "Rub-Off" Phenomena; 4. The Parent's Dilemma.

1. *Reality Issues:* The long and early history of residential placement in this country usually meant sending ones child to a state operated or charitable institution. Such placement usually implied an incurable condition on the part of the client. It was a place for the misfits in society to be hidden away. Some of the early terminology can illustrate the negative associations to such institutions: insane asylum, lunatic asylum, home for the feebleminded. The major function of the institution was custodial. Children were often mixed in residence with adult clients. What little programing was available was not differentiated for the child's needs. The institutions were large and often impersonal. The delivery of services, even at a basic child care level were often grossly inadequate. Today, due to public outcry, most states are deinstitutionalizing, reducing the size of the state's mental hospitals and developmental centers for the mentally retarded. Unfortunately, poor logic (see below) has identified the very concept of residential programs with the inadequacy of many of our state institutions across the land.
2. *Fault Logic:* Until very recently, only the wealthy had alternatives to the state systems when considering residence for their child. Since the state institutions left much to be desired, some very spirited (and desperate) parents, in the late 1940's after World War II, started developing parent associations. These groups prodded the public schools to provide proper services for their children, or, when none existed

set up their own day school programs. This parent movement yielded, and continues to produce, much impact on government policies and professionals involved in this field. Unfortunately, they have also helped to sustain (if not create) some logical "mis-steps" regarding residential programing as an entity. Originally parent's, and most professional's, experiences with state residential institutions, found them to be inadequate at best and usually deleterious. The (il) logical sequence that has since followed is:

—All State Instutions are Bad.
—State Intitutions fall into the category of Residential Programs.
—Therefore, *All* Residential Programs are Bad.

Thus, it was not only the organization, motivation of staff or quality of services that was to be criticized but the very nature or essence of a residential education/treatment program for children.

Interestingly enough, a corollary bit of (il) logic developed during the rise of parent or social agency sponsored alternative day program. This started out not too wildly as:

—Since All State Institutions are Bad
—A marginal, adequate or good day program is Better.

With passing time, and perhaps some influence of their justifiable pride and identification in the alternative day programs they had founded or pressured government to provide, the following emerged:

All residential programs intrinscially are Bad.
Therefore, All non-residential programs intrinsically are Better.

A short leap from the type of logic described above, has led to concepts of normalization, least restrictive environments, and mainstreaming as providing the utopia for habilitating the handicapped child. Essentially the logic of all of these concepts is that if the arrangement of the handicapped child's physical, social and educational environments are as normal as those of non-handicapped children, this in and of itself helps habilitate a handicapped child. As we will discuss below, "the myth of the omnipotence of the rub-off phenomena" supports this type of speculation.

3. *The Myth of the Omnipotence of the Rub-Off Phenomena:* It is well known professionally that one of the types of learning is through imitation. When such learning is not the result of consciously planned or formalized pedagogical structures, it is referred to as incidental or vicarious learning. At a folk wisdom level, we see the awareness of this phenomena in part, in the advice given to parents that they set good examples for their children. Similarly, parents will want their children to only play with "nice" children, so their child will not learn "bad habits".

The germ of truth referred to above, has been translated by many parents of handicapped children, often with support of professional advisors, into what I call "The Myth of the Omnipotence of the Rub-Off Phenomena". This myth suggests that if a handicapped child associates or is grouped with non-handicapped children, the non-handicapped (normal) behaviors and/or skills will "rub-off" on the handicapped child; the handicapped child will become more normal. Special educators have experienced the myth in action, when conferring with parents on the class placement of a particular child. Generally, if faced with group placement where their child would be ranked at the lower end in terms of abilities, they will prefer this to a situation where he is at the top end of the group's range of abilities. Again, this represents their belief in the "rub-off" principle. If the other children have better social, academic, emotional skills or behavior, these will "rub-off" on their child.

An example we have seen of the myth having disastrous consequnces, concerns youngsters with minimal handicapping conditions, who had been identified as having special needs, but were enrolled in regular class programs. When the parents of these children consulted well meaning professionals, they were often told to keep the child in the regular (normal) education track as long as possible. Remaining in a normal situation with normal children would provide the "rub-off" phenomena. All the normal social, academic skills and feelings of self-worth would rub off on their child. Conversely, special education classes were not in the mainstream, were not normal and provided peers who were not normal. The "rub-off" phenomena in the special class would lead to deterioration of their child. Unfortunately, the end result for the "mainstreamed" child was that, although in a regular classroom, he continued to fall further and further behind his peers academically, socially, and emotionally; usually there was terrific damage done to the child's self concept. Despite "passing" for normal, he knew was failing, was very often a social isolate: alone, despite the presence of 25 or more other children in the classroom. The "rub-off" myth failed. Despite their identification, the "rub-off" myth led to approximately the same experience of the non-identified handicapped child: sitting in a normalized classroom with normal peers, becoming more and more disabled as the precious days slip away.

Today, we see the myth, dressed in more sophisticated clothing, as part of the attraction of such concepts as normalization, mainstreaming and least restrictive environments as methods of making the handicapped child as normal as possible. In contrast, residential programing, is

clearly an artificial arrangement of living arrangements, social and emotional environments, and educational intervention. The myth of the "rub-off" phenomena says residential programing by its nature is to be used only as a last resort; certainly not as the treatment of choice.

4. *The Parent's Dilemma:* Being the parent of a handicapped child immediately sentences an individual to many years of stress and anxiety. We have been given an opportunity to learn about this through such first hand accounts of the experiences of Greenfield (1972) and Lorenz (1969).

   A major, early, reaction of the parent is confusion:

   —Is my child somehow different, or am I imagining things?

   —Is his development slower than my other children, my neighbor's child, or am I imagining it?

   Added to confusion is the slow depletion of physical and emotional energies:

   —My child is five and still not toilet trained. I've yelled at him, repeatedly tried to teach him toilet habits, but I'm still using diapers.

   —The baby cries all the time and never sleeps. One of the family is up most of the night with him.

   —He has endless energy and no appreciation of danger. It's impossible to keep up with him.

   —My child still hasn't learned the meaning of "no". He won't listen to me and is always getting into trouble.

   —I can't take him shopping with me. He pulls all the merchandise off the shelves. When I told him not to, he started screaming, I was so embarrassed.

   —When we visit at my friend's home, he won't play with her child but hangs on me all the time.

   —My pediatrician says, "Don't worry. He'll grow out of it."

   Once the child has been identified as having a handicapping condition, new confusions, anxiety and guilt enters the scene:

   —What's going to happen to him when he grows up?

   —It's our fault. If we had been better parents (emotionally, genetically, or physiologically), our child would not be handicapped.

   —Should we try to hide our child's handicap from our friends and family?

   —It's obvious our child is "different". What do we tell our friends and family?

   —We want our child to be as normal as possible. What services are available for him, and which do we select?

For a parent of a handicapped child, who has experienced some of this stress, guilt, anxiety, and confusion, to consider a residential program as the treatment of choice for their child, is a momentous decision. Our society dictates that the "good" parent has the key responsibility for his child's care and welfare. Sending one's child to a residential program may be construed by the parent that he is a failure, irresponsible, "copping out", inadequate, emotionally unstable. It may also leave the parent vulnerable to similar criticism by friends, family and professionals.

Two current conceptualizations and use of residential facilities, additionally contribute to the guilt and possible stigma of the parent considering residential programing for his child. The first concerns our social welfare programs which are involved in the residential placement of a child, either on a voluntary or involuntary basis. These placements occur on the basis of there being no family to take care of a child, or where the child is considered to be neglected, abused, grossly mismanaged, or poorly cared for. Residence in this case means the failure of the parent in his mission of humane child care. Our second instance usually involves the middle class parent, and reflects the residuals of Freudian ideology. In this case the placement of an emtionally disturbed child in residence carries the postulate that the home and parent is pathological and the source of the child's disturbance. The child must be moved to an emotionally hygienic and healthy environment for treatment to be effective. The parent has failed his child emotionally.

By the very act of deciding on residential education/treatment for one's child, society declares that we are probably inadequate, uncaring or pathologic emotionally. Except for the very few of us who possess extreme emotional stability and inner security, this social labeling reinforces similar doubts we have about ourselves on these very issues. Additional stress has to be faced by the parent regarding the source of his motivation in making the decision in favor of residential programing. Is it being decided in the best interest of the child or because the parent will, in fact, be freed from the realities of the daily stress his handicapped child provides him at home. As we have already discussed, the early history of sending one's child from the home to a residential setting, did mean a hiding away, giving up, and to some degree abandonment of the child by the parent. The recent severe, usually justified, well publicized criticisms of some of our "state institutions" has to add to a well meaning parent's concern regarding whether residential programing in *essence* is deleterious and to be abandoned. Additionally, the parent's folk wisdom belief in the myth of the omnipotence of the "rub-off" phenomena has now been endorsed by government and professional thought in such forms as normalization, least restrictive environments and main-

streaming, which relegates residential programs to the "treatment of last choice."

It is felt that the value of residential programing does not rest on new or unique treatments/education techniques, but rather in the special opportunity it gives us with regard to the following three variables: 1) time, 2) structure, and 3) continuity and consistency of services.

Time

It's quite obvious that residential programming offers a major increase in time for educational/therapeutic intervention compared to non-residential programming. We have 90 to 100 hours a week to intervene, structure, educate, hold therapeutic interviews, "reality rub-ins", etc. The special education day program typically has 30 hours a week; office psychotheraphy 2-3 hours a week.

Of course we do not use all the time we have available wisely or well. We may be ineffective, purely custodial, and wasting all the precious time we have with the child. But the possibility of ineffective delivery applies equally to non-residential programs. Assuming equal quality of programming and program staff in either type of situation, we return to our first point: if we know what we're doing, can deliver it effectively, and assuming it's helpful, we have more of that precious commodity "time" on our side.

Why do we need so much time? Given the facts that in our society the handicapped child is either identified and/or receives habilitative services late, it is almost a tautology to say that when we begin working with a handicapped child, his functional level (social, emotion, academic, etc.) is already behind his "potential." In a non-residential program, with only a limited amount of the time available, we are lucky to have the child sustain the gap between functioning level and potential, let alone close it. On the other hand, with the added time available in the residential setting, we do have the possibility of closing this gap. We have had some interesting feedback in this report from former Beaumont School teachers who are now teaching in special education tracts in day school programs. They report that they appreciate all the freedom and *extra time* they have for themselves personally in their new roles, yet are frustrated professionally at the lack of *time* needed for their students.

Structure

The need for structure in the life of children with handicapping conditions has been stressed by authorities covering a wide spectrum of types of children. Kephart (1960) focuses on this with minimally neurologically impaired children while Redl and Wineman (1957) stresses its importance with behavioral disordered children. Its importance is well stated by Wineman (1969):

> In a sense, and on a sliding and sometimes very slippery scale, every environment is planned where people live together. No environment really just falls together by chance. Every place where people live on a group basis, where there is some degree of interdependence, some mutual need confrontation and meeting, there has to be some structure. Otherwise there is chaos. (pp. VII—VIII)

The need for maximum structure can be illustrated by the following:

> Johnny (a composite of many handicapped children we have known) is a handicapped child with special needs functioning in a less restrictive, loosely structured environment. He is one in a group of children usually referred to as minimally brain-injured, perceptually disordered, learning disabled, depending on who is describing them. Some of these children are hyperactive, others are not. Most have gross and/or fine motor dysfunctions. Almost all have accompanying social and emotional immaturities. For this illustration let us assume that Johnny is in a special education class where the opportunities for structure mentioned above, exist. What happens to Johnny after school and on Saturday and Sunday? At one point in his life Johnny tried to socialize with other neighborhood kids in the mainstream. In the street, school yard, or playground, he is ready for fun and games. Our Johnny has good gross motor skills. One day he gets involved in a baseball game. He is up at bat, hits it to center field, and it is definitely a "hit." Unfortunately, Johnny's in a mainstreamed unstructured activity, and he runs to third base instead of first base. He is out! Not only on that play but with his peers. "You are a retard, Johnny." His team captain says to the other team captain, "We don't want him, you take him." Special kid Johnny is bewildered, tearful, and slinks away. It does not take many such encounters before the other kids won't play with him at all. It does not take many such experiences before Johnny decides that he does not wish to leave his home for the street or playground. He is on his way to becoming a social isolate, depending on adults, and smaller kids in the neighborhood for his social interaction.

What do we have to offer in this particular instance in a residential situation for Johnny? Numerous possible arrangements of human interaction and instruction which should lead to feelings of self-worth and competence, rather than rejection, confusion, and despair. First, and foremost, we have other kids, other "Johnnys" who have faced similar problems. They are usually hungry for peer friendships and easily led to support each other on their road to more normalized or age appropriate skill acquisitions. Secondly, we can form a relatively

homogeneous group for Johnny and provide instruction in baseball skills, rules and regulations. We can make such instruction a requirement as many of our "Johnnys" arrive gun-shy and burnt out. Such instruction would follow the model of more traditional quality education in the classroom: matching activities to the child so that he will achieve a high degree of success. Finally, we can parellel this required non-competitive instruction with the opportunity for Johnny, on his own to additionally elect to get involved in a regular baseball game when he's "ready to try his wings." When Johnny is ready we can let him play ball with a more sophisticated group of kids who will "let him have it," similar to his experience with his non-residential neighborhood kids, if he makes a mistake. The only difference is that a teacher will be standing by, ready for any support and/or instruction Johnny needs if such a crisis should arise.

It should be mentioned that some of the program ideas or structural arrangements might appear possible to inaugurate in a non-residential setting for Johnny. In fact, this is possible to a very limited extent. Outside of residence such an arrangement would be a major task to accomplish, and a comparatively inefficient one.

Finally, least restrictive dogma would respond to our illustration where the kids say to Johnny, "You're a retard," with the concept that we must re-educate the attitudes of society so that our non-handicapped children would have been understanding and supportive of Johnny when he ran the wrong way in the ballgame. Good luck! The author supports this concept of American society along with apple pie and mom. But he feels our responsibility at the present time is to all of the "Johnnys." While the experiment of changing society's attitude is going on, we don't feel we should abandon Johnny to the whims of the social engineers, but first teach him to play baseball successfully, before sending him into the perilous waters of the mainstream.

Continuity and Consistency of Education/Treatment

It is quite clear that a youngster from a home environment or community that is loaded with chaos and instability faces great stress. Similarly, the youngster from a more stable home or community environment, who has perceptual or cognitive limitations, may experience the same type of stress. In this latter case the instability and stress are generated by his fluctuating ability to understand and/or have the skills necessary to cope successfully with the organization of the environment he moves through (home, classroom, street, etc.).

Just being involved in a 24 hour environment that is structured for continuity of care and support at a level that will maximize the child's experiences of success and stability should be of value to children with handicapping conditions. In our own experience in a residential setting, we have seen its benefit symbolized in the large numbers of children who had arrived on psychotropic medications and were able after a short time to function successfully without them.

Having said the above and giving due respect to continuity of care, we shall paraphrase Bettleheim's *LOVE IS NOT ENOUGH* and state that continuity of *care* is not enough; not enough to justify the residential school as the treatment of choice; at least it's not enough for the children we are talking about.

It might be enough for Richard, a child from a chaotic lower socio-economic background who is of average intelligence and showing reactive behavior problems. It might also be enough for Larry, who is of bright normal intelligence, experiencing neurotic symptoms which are thought to be due to the tension laden, "vicious cycle" of maladaptive interactions with his parents. But in these cases, we are with the least restrictive environmentalists. Social worker, try to straighten out Richard's home and community life! If that fails we have the possibility of a stable foster family or the newly emerging community residences or hostels. Richard can surely stay in the mainstream of academic experiences, perhaps with some tutorial or resource room help. For our bright, neurotic Larry, psychotherapists, mobilize! We're really not too worried about Larry. Most clinical experience and research has found that he's sure to make it, regardless of type of intervention. If the therapists can't help Larry and his family survive with each other, there are other types of community, mainstreamed arrangements we mentioned for Richard.

The children we are concerned with need more than continuity of care and a stable environment; they need the opportunity a residential school provides for continuity and consistency in the delivery of an *active* educational/treatment plan throughout the day. Let's consider an example:

> Billy was a 7 year old hyperactive youngster, socially immature, and prone to temper tantrums when he was frustrated—which was most of the time. Billy usually wanted, what he wanted, when he wanted it. His parents, who seemed quite stable, although battle weary from the stress of living with Billy, stated that their lives were centered around surviving with Billy at home; they of course, could not successfully participate in extended family, social or community events as a family unit. Billy's behavior precluded such excursions to the outside world. Other than going to school, his life was limited to a most restrictive environment, his home. Billy attended an excellent special education day school program. He had a knowledgeable and invested teacher. The teacher had set up a highly structured program for Billy. He utilized therapeutic interviews, extinction processes, taught Billy socially appropriate behaviors, and reinforced them to replace Billy's temper tantrums, etc. The teacher was becoming worn out, and at times seemed ready to throw Billy against a wall. Billy's parents had been involved in a program the school ran to make them more *effective* in dealing with Billy's temper tantrums

at home. This parent training program had as its goal providing continuity between the school and home thus generalizing the effect of any structure or technique. Unfortunately Billy's parents, although they tried to be *agents* for continuity of his school program, already had other, relatively full time social roles or jobs. These precluded more than an occasional intervention similar to those that occurred in school. His father's commitments already included his employment, being a parent to his other children, a husband, and a human being who needed social and recreational time for himself. His mother's commitments involved her roles as wife, cleaning lady, laundress, cook, and mother to her children. Billy's teacher could strive to consistently intervene from 8:00 a.m. until 2:30 p.m. for 180 days a year; the rest of the time it was up to Billy's parents. Not too much continuity existed between school and home. Billy's teacher was frustrated in that at times he felt he was making progress with Billy, and suddenly the school day ended, with Billy returning the next morning the same as ever; the effect of discontinuity over the weekend or longer holiday was even worse.

Billy entered our residential program, fortunately at a young age, rather than as a "terminal" case. While we have our failures also, Billy represented a dramatic success, although not a unique one. With a few months of consistent "twenty-four hour" dealings with Billy's constant warfare with the adults in his life, Billy ended up as an adorable little boy. His scowl had now turned into a most engaging smile, social greeting and often a delicious kiss. His parents reported that the improvement we had noticed in school, also generalized to his behavior with them at home during school vacations. The "vicious cycle" had been broken. His parents now enjoyed having him at home with them. They were able to function together as a total family unit socially. They would have liked him to return home permanently. However, they recognized, as we did, that while we had made a major break-through with Billy, much needed to be done. Instead of a negative, unhappy, infantile Billy, we now had a positive, smiling cooperative, but still infantile and underdeveloped Billy. We still need the time and structure and continuity of residential school to accelerate his social, affective, cognitive and self-care skills, all of which had been on vacation during his years of warfare with the adult community.

In the case of Billy it must be stressed that the excellent progress in residence did not reflect our having magical or unusually innovative techniques. The day school he had attended without success utilized all of the same methodologies, but what they were unable to offer Billy was continuity in his life experiences in learning after the school day ended.

It should be mentioned that absolute continuity and consistency is neither possible nor desirable for the education/treatment of the child. The child is not a robot and the community he will return to is not going to be a computerized, ever-consistent one. Despite our experience that the greater degree of continuity a residential school can provide is one of its' valuable features, the normal inconsistencies with the adult or residential setting, insures that the child will face some of the realities of the community setting to which he will return. Additionally, many handicapped children have basic problems in dealing with change, discontinuity, or inconsistency in an effective manner. The special opportunity the residential school has is in being able to introduce the stress of unexpected changes or inconsistencies in small doses, matched appropriately to the child's readiness to cope successfully with the unexpected.

Conclusion

It is felt that for a professional or layman to accept the concept of residence as the treatment of choice is an extremely difficult matter. Most individuals have had limited first-hand experience with the residential programming. The major source of information in the past decade has been concerned with harsh and often justified criticism of the failure of the largest providers of residential services, our state institutions. Additionally, residence, as the treatment of *last* choice, has received authoritative endorsement (Wolfensberger, 1975):

> If we compare the rationales for institution building with the realities of institution accomplishments, we can see that few of the hoped-for aims have even been approximated; that none of the major rationales advanced for institution building and institution running has held up; and that virtually every novel concept in institutional care was perverted eventually. (p. 60)

It has also received the sanction of federal legislation (Public Law 94-142) and state law (New York State Education Law, Section, 4402.2)

> No child shall be placed in a residential school unless there is no appropriate non-residential school available consistent with the needs of the child. (p. 4)

It will take extremely courageous and/or well informed individuals to challenge the quality of thought and judgement that has lead to current legal and administrative decisions related to the role of residential programs in our society. William Cruickshank is such an individual. He states (Cruickshank, 1977):

> There are few, if any, who would argue with the spirit of the concept of least-restrictive placement. The fact of the matter is that in terms of current educational practices, the "least" may more often be the most restrictive place for learning disabled children to receive their education. . . Was this an adminstrative decision based on thought? Based on theory? Based on

research? Based on opportunism? Based on fears of parental pressures or legal threats?. . .The fact of the matter is that there is no research to demonstrate that one type of educational placement is less restrictive than others. (p. 193)

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[1]The opinions, attitudes, and conclusions expressed in this paper are based on the author's professional knowledge and first hand experience with a wide variety of types of handicapping conditions of children. Rather than providing a long list of their diagnostic labels, it will be easier for the reader to know which groups *did not* contribute to the conceptualization presented in this paper. I have had very little experience and limited professional knowledge concerning: (1) the orthepedically handicapped; (2) children with hearing disorders; (3) the blind or visually handicapped child; (4) children with mental retardation due to known physiological or genetic etiology such as Downs Syndrome; (5) the neurotic child of above average intelligence.

Handicapped Education

(Continued from Page 6)

would hope to God that we do not discover that children went through 11 years not needing that and suddenly we discover in the senior year, they would have done better with the reader. To receive a diploma the child must have finished 16 credits in a registered school and passed the competency examination. We cannot give a diploma to any child who has not jumped through those hoops. And you can only give a Certificate of Achievement to a child who has completed his individual educational program, who is properly identified as having a handicapping condition, and who tests out as being more than 1.5 standard deviations below the mean. I urge you to pay very specific attention to this. We cannot give pieces of paper any more. That by the way, interestingly, outlaws the kindergarden diploma and 8th grade diplomas. I tell you that is the law of the State of New York and a piece of paper that is given contrary to that law can be revoked by the Commissioner of Education. All pieces of paper that are given outside of the normal procedure must be reported to the Commissioner, whether from a private school or public school. I cannot tell you how important it is and once again, how important the I.E.P. is. The Regents are taking the I.E.P. very seriously. I hope everybody else starts taking it seriously. We're going to be coming down tougher on that. The I.E.P. is, in the State of New York becoming what it was intended to be-The Base Line document describing the education of a child with a handicapping condition: what the goal are and the objectives are. Please make sure they do what they're supposed to.

SED negotiating important new bill

There is another issue which I consider to be of utmost importance. We are negotiating a bill which would assure that a child in a residential program receives appropriate educational services whether he is placed there by the Committee on the Handicapped, the Social Service Commissioners for non-educational purposes, the Division for Youth or Family Court. It will give the Education Department the front line responsibility to set the tuition rates to assure that those educational services are provided the same as if the child were in the public school system or private school funded by the public sector.

We can, we must, do our jobs

We must make sure that every child in this state having handicapping conditions or at risk of having a handicapping condition gets the type of screening and then the type of service that he or she needs. We must make sure we're up to it. There's a whole new world out there for the educational system. We are limited only by our knowledge, creativity and willingness to explore alternatives. We're being asked to do what I think we were set up to do, and that is to educate everybody, not just those who learn quickly and easily and cheaply.

1. Lora v. Board of Education, N.Y. (1978).
2. Jose p. et al. v. Gordon M. Ambach et al. New York (1979).
3. United Cerebral Palsy of New York City Inc. et al. v. Board of Education, New York (1979).

Service Trends

(Continued from Page 18)

the future. Rather than being the end of a quiet revolution, as characterized by Abeson and Zettel (8) education and human service providers are at the beginning of a phase of realignment of services for handicapped children and adults.

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7. Report of the N.Y. State Commission on the Quality, Cost and Financing of Elementary and Secondary Education. Vol. Ii, Chapter 9. 1973. pp. 47-54.
8. Abeson, Alan, Zettel, Jeffrey, "The End of the Quiet Revolution: The Education for All Handicapped Children Act of 1975." *Exceptional Children.* Vol. 44, No. 2. Oct. 1977.

(Continued from Page 3)

to do long before P.L. 94-142 was enacted. The question, as I see it, is *how* to do it. How do we first conceptualize a system that addresses itself to the total nneds of the handicapped, and then figure out the administrative details? Instead, on a City and State wide level, we find ourselves trapped in a morass of administrative regulations and drowning in quadruplicate memoranda which require instant response or action. We spend more time deciphering and filling out forms than we spend thinking. We are reactive when we need to be creative. We focus on administrative implementation of laws and have no time left over for conceptualizing the issues that arise out of the intent of those laws. Maybe what we need to do is, "time ourselves out," for awhile and take stock of what we are doing and where we are going.

As a policy statement P.L. 94-142 is like apple pie and motherhood; who would challenge their validity? The challenge is in the implementation of that policy. The issues of mainstreaming and least-restrictive environments have been defined as "either/or" solutions. Can we not develop a variety of options? The Federal law has addressed itself to *what,* not *how* in its use of the term, "appropriate." New York State could be taking a leadership role in looking at the *how* of providing quality service. How to develop real curricula, provide meaningful in-service and pre-service training, supervise the day-to-day operations of classroom, and develop the leaders who can develop quality programs. In the city of New York the Board of Education is so burdened with placement that one must wonder how much time is left to consider program needs or quality of teaching.

How do we conceptualize a system that addresses itself to the total needs of the handicapped? Perhaps, we must first accept such a system as a premise. We need a system, not several self-contained administrative bodies, each looking at different parts of an organism. Does not the special education of a handicapped child need to concern itself with his mental health? Doesn't his mental health involve his parents, siblings and community? Imagine the opportunities we could provide if we extended Dr. Bortner's and Mr. Broadley's description of interdisciplinary teams and conferences within a school to an entire system looking at a child from birth to age 21. That would require our currently existing Departments, Education, Health, Mental Retardation, and Developmental Disabilities, and Mental Health, to agree to give up some up their own turf (translated to dollar bills). One wonders whether the thinking in such Departments has become compartmentalized; and have Departments become intolerant of input from one another? Such compartmentalization leads to the mistaken belief that education is not a clinical service. But it is. Funding and jurisdiction are the major reasons that question ever arises. Image a, "Department of Children," where the health, education and welfare of people under the age of 21 were addresssed and provided for. Or, imagine a "Department of the Handicapped" where the concept of "continuum of care" really meant birth to death, including educational services throughout life if that was required as part of care, whether education is defined as vocational or recreational input. Learning to use leisure time appropriately is as much an educational process for the handicapped as learning to add or develop ADL skills. It should not matter if that education is required at 6 or 36. There is nothing any more holy about age 21 than there is about age five, as we fortunately now see in the newly proposed legislation for three to five year old children. There is nothing holy about public school education for the handicapped, especially when it is not quality education. Nor is there anything holy about our existing Departments. Mr. Marquit talks about crossing departmental lines to provide quality of care. Imagine not having a cross lines at all. Imagine what you will, but let us be visionaries. Let us take the time to imagine.

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Book Review Corner

HELP FOR THE LONELY CHILD: Strengthening social Perceptions, Ernest Siegel, Ed D., Rita & Paul Siegel, New York: E.P. Dutton Publishers, 1978, 196 pages.

Ernest Siegel, author, lecturer, educator, friend, is known throughout the field of special education, and general education, but is particularly related to the area of the brain injured or learning disabled. Dr. Siegel may best be described as, a multi-faceted and talented individual. He is a sought after lecturer, prolific writer of books and articles. In addition, he is a caring father and loving husband. Such a statement would probably be inappropriate in a typical review; however to know Ernie Siegel's work, his family and how each has impacted upon the other, the reader should understand my purpose. Also, Ernie and Rita are parents of a learning disabled child.

Professionally, Ernie Siegel's career has spanned over twenty years. He has earned graduate degrees from Queens College (M.A.) in Queens, N.Y. and Teachers College, Columbia University (Ed.D), N.Y. Dr. Siegel has been a supervisor in the Bureau for Education of the Physically Handicapped in New York City. He has lectured extensively at colleges, universities, State Education Systems and with other parent and professional groups. Of the numerous awards Dr. Siegel has received, it is felt that the 1975 International ACLD (Association for Children with Learning Disabilities) award, by his peers, was an accomplishment of great personal and emotional significance. He is presently, Associate Professor of Special Education at Adelphi University, Garden City, Long Island, N.Y. Dr. E. Siegel has been a long time member and friend of CEC.

This is not a typical book review, relative to form, the task of selecting one book of Ernies to review, was most difficult. Of his five books (each being perceptive and most timely), I have selected his latest, *Help for the Lonely Child: Strengthening Social Perceptions,* which his wife Rita and son Paul also helped co-author. This is a timely and significant work. Especially, as we consider the present and future mood of helping young people with varied handicapping conditions, educationally, particularly as they begin moving into the mainstream of our schools as well as community living facilities, i.e. hostles and group homes.

This is a book for parents, teachers, social workers, rehabilitation counselors and all human service workers involved with people who manifest varied handicapping conditions, that, invariably bring them into contact with difficult social adjustments outside of home, the immediate family constellation, and other predictable support systems. The essence of this book is perhaps encompassed in the following excerpt:

"The individual who is ineffective in non-verbal communication often makes poor judgements, does not really grasp others' intentions, moods, and reactions (and hence, does not modify his behavior accordingly) and, in general, comes across as "different". His "differentness" causes him to be rejected by his peers, and in turn lowers his self-esteem. He gradually stops trying to gain social acceptance and ultimately settles for chronic loneliness. Conversely, the individual who is lonely, for whatever reason, misses out on the "education" provided by those social experiences in which his non-handicapped counterpart participates so naturally. He is denied those countless training and practice sessions, most of which occur outside of the classroom; that involve receiving and expressing myriad non-verbal communication signals and the simultaneous "give-and take" of conversation. Thus, poor social perception can very likely cause loneliness, but it can also be seen as an effect of it."

The book is developed in five parts; 1) *The how and why of the lonely child;* 2) *causation and development of the conditions, we then turn towards;* 3) *what to look for;* 4) *and the agents that help in diminishing loneliness; parents, teachers and (I also add other agents as the therapeutic recreationist and/or social group worker);* 5) *the book concludes with very practical lessons or activities to help the parent and teacher.* A good appended listing of recommended sources is also included.

We who are in this field of habilitation and rehabilitation have seen and heard the stories parents convey about their child's lack of appropriate social skills. We tend to nod, reflect and indicate how unfortunate the situation seems to be. It has only been recently that we have begun to attend to these external social experience needs of our handicapped youth, as being a significant and integral part of their growth and learning, as well as the perceptual and conceptual manifestations of their deeper feelings and outward behavior. It is common knowledge that most of our youngster's failure vocationally is usually not primarily related to their work skills or productivity, rather, more often than not, the problem will be shown as a combination of poor vocational and social skills or, primarily, very poor social behavioral perceptions. The book then presents very basic ways to help the person who works with such youngsters view their handicap and the misperceptions that operate from within and manifest themselves outward in ways which tend to cause so much confusion for them and their parents.

With these cause and effect bases established, the book then turns to very salient ideas and means one can begin establishing inner awareness skills, practical skills and reality testers around helping the handicapped person to begin moving toward diminishing these levels of loneliness. The first and most essential part of this task—as the Siegel's indicate—is the resolve the determination of the parents to move from a subjective-subjective, interwoven, dependent position, to that of a more objective-subjective, assertive position, whereby they develop a firm belief that change can be made, then, allow

themselves to work (in this case parent or teacher are the prime agents) with others to develop hierarchical, affective and cognitive means towards helping the child develop active, awareness coping skills that begin to work for them.

As previously stated, this is a timely book. *Help for the Lonely Child* is perhaps more important for what it implies about the affective coping needs of all handicapped people, than the specific prescriptions—though helpful. As more and more social education, habilitative and rehabilitative programs are developed (particularly in schools) the need for this timely work will increase. It would have been helpful if the private voluntary social group work and related helping and social teaching agents had been included. This book is recommended for all who are involved in this area of people-making. Ernest Siegel et. al. have anticipated another need in the development of young people with varied levels of handicap.

Other books by Dr. Ernest Siegel are: *Helping the Brain Injured Child: Teaching One Child; Creating Instructional Sequences* (with wife Rita, and *The Exceptional Child Grows Up.*

Election Results

N.Y.S.-C.E.C. wishes to announce the election results for 1979.

Vice President—Janet L. Jacobs

Regional Representatives

New York Region III—Bertha L. Perez

Central New York Region—Margaret M. Clarke

The Executive Board of the N.Y.S.-C.E.C. regretfully accepted the resignation of Mr. Robert J. Thomas, President-Elect at the June 9, 1979 meeting in Buffalo. Because of the resignation, the Federation officers will be as of July 1, 1979:

President—Dr. Richard J. Lee

President-Elect—Janet L. Jacobs

Vice-President—Gary O. Carman (by appointment)

N.Y.S.-C.E.C. is also pleased to announce the following appointments:

Regional Representatives

Albany—Dr. John Moyer

Rochester—Diana Jensen

P.A.N. Coordinator—Edward Shafer

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